RGY AND MINERALS DEPARTMENT DISTRIBUTION

OIL CONSERVATION DIVISION

RGY ANG MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISION				
DIST NIBUT 10H	P. O. 80					
BANTAFE	SANTA FE, NEW MEXICO 87501					
V.S.O.S.						
LAND OFFICE	REQUEST FOR	RALLOWABLE				
TRANSPORTER OIL	4A					
OPERATOR	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS				
PROBATION OFFICE						
CURTIS J.	LITTLE					
Address	•					
	- In 1115 co.ry	37499	THER			
Reason(s) for filing (Check proper box		Other (Please explain)	I V E IM			
New Well XX	Change in Transporter of: Ott Dry Gai		(U)			
Recompletion	Oil Dry Gai	SEP 2	3 1985			
Change in Ownership	Casindyada Gas []					
If change of ownership give name		OIL CO				
and address of previous owner		DIS	. 3			
DESCRIPTION OF WELL AND	LEASE	4	gse Legse No.			
Lease Name	Well No. Poor frame, mersenny	Cinta Sad	erat or Fee Federal SF-080136			
SALAZAR	10 Otero Chacra	State, Fac	rederal pr-000130			
Location	an Cauth	1820 _ :	m The West			
Unit Letter K: 18	30 Feet From The South Line	e and 1020 Feet Fro	m The			
22	washin 25N Range	6W NMPM, R	io Arriba County			
Line of Section 22 To	wnship ZOIV Range	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PERSONATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s				
Name of Authorized Transporter of Off	cr Condensate	Address (Give address to which app	proved copy of this form is to be sent)			
1			and convolthis form is to be sent)			
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas	Company	P. O. Box 1492, El Paso, TX 79978				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Soon			
give location of tanks.		<u> </u>	30011			
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:				
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.			
Designate Type of Completi	on = (X)	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
8–18–85	9–16–85	3575	3548			
Elevations (Dh 3, RT, CR, etc.)	1	Top Oil/Gas Pay	3503			
6658 KB	Chacra	3412	Depth Casing Shoe			
Perforations			3568 KB			
	TURING CASING AND	CEMENTING RECORD				
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
HOLE SIZE	8 5/8	127 (71CF	60sx35-65poz w/2%CaCl.			
12 ½" 6 3/4"	4 1/2	3568	280sx(434CF)65-35 poz			
0 3/4	1		w/6%gel & Hiseal & 200s			
		(2500	CF) 65-35 pozw/2%gel.Cmt. to surface.			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or excess top allow			
OIL WELL	able for this de	pih or be for full 24 hours) Producing Method (Flow, pump, ga				
Date First New Oll Run To Tanks	Date of Test	Staddered Warned It rem! hamb's #-				
	Tubing Pressure	Casing Pressure	Choke Size			
Length of Test	Tubing Pressure					
3	Oil-Bbis.	Water - Bbls.	Gae-MCF			
Actual Prod. During Test						
CACHETT						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate			
523 ·	3 hrs		Chala Sin-			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke 5110 3/4" -			
Back pr.	9 days SI -545	unknown				
CERTIFICATE OF COMPLIAN	(CE	OIL CONSERV	SEP 23 1985			
			SEP & 0 1303			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVEDOriginal	Signed by FRANK T. CHAVEZ			
Division have been complied with	h and that the information given he best of my knowledge and belief.	BY	and all training to desire			
above is true and complete to the	- -		SUPERVISOR DISTRICT # 3			
,		TITLE				

Division have been complete to the best of my knowledge and belled above is true and complete to the best of my knowledge and belled	€.
11111	
(Signature)	
AGENT	
(Title)	
9–19–85	
(Date)	

This form is to be filed in compliance with RULF 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

Senarate Forms C-104 must be filed for each pool in multiply

ERGY AND MINERALS DEPARTMENT

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SANTA FE	l_	1
FILF	_	1_1
U.S.U.S.	_	1
LAND OFFICE	!	1_1
TRANSPORTER	<u>- -</u>	
G.	16	
OPERATOR		
	. 1	

(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	AUTHOR	RIZATION TO JÁANSF	PORT OIL AND NATU	IRAL GAS		
Operator OFFICE CANDETIC I	TIMMIN			- P M	ENE DIVI	
CURTIS J	LILILE			DE U	اللا ما الله	
P. O. Bo	x 1258, Fa	rmington, New 1		_111	-0231985	
Reason(s) for tiling (Check proper		_	Other (Pleas	e explain) St	CON. DIV.	
New Well X	- •	In Transporter of: Dry Ga	. 📶	OIL	COIA.	
Recompletion	Oil Casingh		3010		DIST. 3	
Change in Ownership						
If change of ownership give namend address of previous owner						
	D I FACE					
DESCRIPTION OF WELL AN	Well No.	Pool Name, Including Fo		Kind of Lease		Leane No.
SALAZAR	10	SO Blanco-Pict	ured Cliffs	State, Federal	or Fee Federal	5F-080136
Location K 1	830	om The South Line	and 182	Feel From T	he West	
Unit Letter;		~ -				6
Line of Section 22	Township 251	N Range 6V	, NMPh	, Rio Ar	riba	County
DESIGNATION OF TRANSPO	RTER OF OIL	. AND NATURAL GA	S			 1
Name of Authorized Transporter of	OII Or (Condensate	Address (Give address	to which approv	ed copy of this form is to	be sent)
		or Dry Gas [X]	Address (Give address	to which approv	ed copy of this form is to	be sent)
Name of Authorized Transporter of			P.O. Box 149		_	-
El Paso Natural Ga	Unit Se		Is gas actually connect			
If well produces oil or liquids, give location of tanks.			no		soon	
If this production is commingled	with that from a	ny other lease or pool,	give commingling orde	r number:		
COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'	v. Dill. Res'v.
Designate Type of Comple	L	, X	Total Depth		P.B.T.D.	_i
Date Spudded	9-16-	Ready to Prod.	3575		3548	
8-18-85 Elevations (D) 3, RT, GR, etc		iucing Formation	Top Oll/Gas Pay		Tubing Depth	0.07161
6658 KB	Picture	d Cliffs	2577		none-Prod.Pkr Depth Casing Shoe	@ 2/16
Perforations					3568 KB	
		TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE		G & TUBING SIZE	DEPTHS	ET	SACKS CEME	
12 ½"	8 5,	/8	127	(71 CF.)	60sx 35-65poz	w/2/0Cac)
6 3/4"	$\frac{1}{4} \frac{1}{2}$		3568		280sx (434 CF	.)65-35po
0 3/4	1 4 2		11/6% 0018/1#H	iseal &200	sx(250CF)65-35	pozw/2%gd rface
TEST DATA AND REQUEST	FOR ALLOWA	ABLE (Test must be a)	fter recovery of total vol pth or be for full 24 how	ume of load oll o	and must be equal to or	ماسالة بأبيارة والا
OIL WELL Date First New Oil Run To Tanks	Date of Test		Producing Method (Flo			
Date I list hen out hen in					Choke Size	
Length of Test	Tubing Pres	eur e	Casing Pressure			
Actual Prod. During Test	Oil-Bbis.		Water-Bble.		Gas-MCF	
Actual Prod. During 1951						
GAS WELL Actual Prod. Test-MCF/D	Length of Te	at .	Bble, Condensate/MMC	F	Gravity of Condensate	
1296		hrs			Choke Size	
Teeting Method (pitot, back pr.)	Tubing Press	w · (shut-in)	9 days SI -		3/4"	
Back pr.	none				ION DIVISION	
CERTIFICATE OF COMPLIA	ANCE			,0,100,100	SEP 231	985
I heraby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED				
		BY				
ibove is true and complete to the series of the			TITLESUPERVISOR DISTRICT 架 3			
// / / / / / / / / / / / / / / / / / / /		The form is to be filed in compliance with RULE 1104.				
(/. 4/1/. les			ll			
(Signature)			well, this form must be accompanied by the suit full tit.			
AGENT			Att meetions of this form must be filled out completely for allow-			
(Tule) 9-19-85			able on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
	(Date)		well name or numb	er, or transport	er, or other such chang	