

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator CURTIS J. LITTLE	
Address P. O. Box 1258, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

OIL CON. DIV.  
DIST. 3If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lessee Name SALAZAR	Well No. 10	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080136
Location Unit Letter K : 1830 Feet From The South Line and 1820 Feet From The West Line of Section 22 Township 25N Range 6W , NMPM, Rio Arriba County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When NO Soon

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-18-85	Date Compl. Ready to Prod. 9-16-85	Total Depth 3575	P.B.T.D. 3548					
Elevations (DA, RT, GR, etc.) 6658 KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3412	Tubing Depth 3503					
Perforations			Depth Casing Shoe 3568 KB					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8	127 (71CF)	60sx35-65poz w/2%CaCl.
6 3/4"	4 1/2	3568	280sx(434CF)65-35 poz w/6%gel & 1# Hiseal & 200sx (250CF) 65-35 poz w/2%gel. Cmt. to surface

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

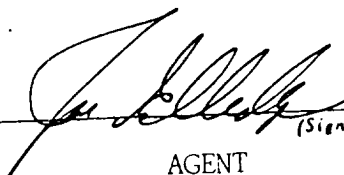
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 3	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D 523	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (shut-in) 9 days SI -545	Casing Pressure (shut-in) unknown	Choke Size 3/4"

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
AGENT  
(Title)  
9-19-85  
(Date)

OIL CONSERVATION DIVISION  
SEP 23 1985APPROVED \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_This form is to be filed in compliance with RULE 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

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Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

RECEIVED  
SEP 23 1985  
OIL CON. DIV.  
DIST. 3If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SALAZAR	10	SO Blanco-Pictured Cliffs	State, Federal or Fee Federal	SF-080136
Location	Unit Letter	K	1830	Feet From The South
			Line and	182
			Feet From The	West
	Line of Section	22	Township	25N
			Range	6W
			NMPM,	Rio Arriba
				County

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		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-18-85	9-16-85	3575	3548					
Elevations (D <sub>h</sub> , RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6658 KB	Pictured Cliffs	2577	none-Prod.Pkr @ 2716'					
Perforations			Depth Casing Shoe					
			3568 KB					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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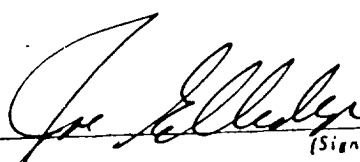
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Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1296	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pr.	none	9 days SI - 620	3/4"

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
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(Signature)  
AGENT  
(Title)  
9-19-85  
(Date)

## OIL CONSERVATION DIVISION

SEP 23 1985

APPROVED \_\_\_\_\_

BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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