

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>N M & O Operating Company</u>	Well API No. <u>30-T-0005</u>
Address <u>2200 Philtower Building Tulsa, OKLA. 74103</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>MESA GRANDE RESOURCES, INC. 1200 Philtower Bldg Tulsa, OK 74103</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gaudin Federal</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>GAULAN PICTURE CLIFF</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>NM 43749</u>
Location				
Unit Letter <u>P</u> : <u>790</u> Feet From The <u>EAST</u> Line and <u>790</u> Feet From The <u>South</u> Line				
Section <u>5</u> Township <u>T25N</u> Range <u>R2W</u> , NMPL <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>El Paso Natural Gas</u>	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"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, FARMINGTON, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>YES</u>	<u>12-4-89</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>3-28-86</u>	Date Compl. Ready to Prod. <u>5-2-86</u>	Total Depth <u>3,953</u>		P.B.T.D. <u>3909</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>7382 LB</u>	Name of Producing Formation <u>ACTUED CLIFFS</u>	Top Oil/Gas Pay <u>3,792</u>		Tubing Depth <u>3,830</u>				
Perforations <u>3850-59</u>	<u>9' 2 SFF 18 HOLES</u>		Depth Casing Shoe <u>3,950</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u> <u>7 7/8</u>	CASING & TUBING SIZE <u>8 7/8</u> <u>4 1/2</u>		DEPTH SET <u>335'</u> <u>3,950'</u>		SACKS CEMENT <u>350 SK</u> <u>210 SK</u>			

V. 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 Tank	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		<u>JAN 29 1990</u>	

GAS WELL

Actual Prod. Test - MCF/D <u>75</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Pilot</u>	Tubing Pressure (Shut-in) <u>875</u>	Casing Pressure (Shut-in) <u>835</u>	Choke Size <u>1/4"</u>

VI. OPERATOR 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.

Signature Christopher L. Phillips
Printed Name Christopher L. Phillips Title V.P.
Date 1-25-90 Telephone No. 918-584-3802

OIL CONSERVATION DIVISION

Date Approved JAN 29 1990

By James J. Chang
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.