

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
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Page 1

3069/12  
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AUG 17 1987

**OIL CON. DIV.**  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|                                                                                                                                       |                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>T. H. McElvain Oil & Gas Properties                                                                                       |                                                                                                                                                                           |
| Address<br>P. O. Box 2148, Santa Fe, New Mexico 87504-2148                                                                            |                                                                                                                                                                           |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain)                                                                                                                                                    |
| <input checked="" type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                             |               |                                                       |                                        |                  |
|-------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|----------------------------------------|------------------|
| Lease Name<br>FD                                                                                            | Well No.<br>1 | Pool Name, including Formation<br>Ojito Gallup-Dakota | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fee |
| Location                                                                                                    |               |                                                       |                                        |                  |
| Unit Letter <u>H</u> : <u>2840</u> Feet From The <u>North</u> Line and <u>950</u> Feet From The <u>East</u> |               |                                                       |                                        |                  |
| Line of Section <u>1</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba County                      |               |                                                       |                                        |                  |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                     |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Petro Source Corporation        | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1396, Houston, TX 77251    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4900, Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks.                                                                                            | Unit : <u>H</u> Sec. : <u>1</u> Twp. : <u>25N</u> Rge. : <u>3W</u>                                               |
| Is gas actually connected?                                                                                                                          | When<br><u>No</u> <u>WO EPNG Meter</u>                                                                           |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

George B. Brown  
(Signature)  
Geological Engineer  
(Title)  
August 12, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 5 1987

Original Signed by CHARLES GHOLSON

BY \_\_\_\_\_  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 completed wells.

#### IV. 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<br>5-22-87                                                                      | Date Compl. Ready to Prod.<br><del>7-25-87</del> 8-5-87 |          |          | Total Depth<br>8350     |          |        | P.B.T.D.<br>8330          |             |              |
| Elevations (DF, RKB, RT, GR, etc.,<br>7347 KB                                                | Name of Producing Formation<br>Gallup-Dakota            |          |          | Top Oil/Gas Pay<br>6820 |          |        | Tubing Depth<br>7508      |             |              |
| Perforations<br>Dakota-8065,67, 76, 78, 8127, 29,69,70, 8214-27 (22 total) 1 SPF. See below* |                                                         |          |          |                         |          |        | Depth Casing Shoe<br>8342 |             |              |

#### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE                  | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT      |
|----------------------------|----------------------|-----------|-------------------|
| 12 1/4"                    | 9 5/8"               | 210'      | 200 (236 cu ft)   |
| 8 3/4"-5521                | 5 1/2"               | 8342'     | 1620 (2750 cu ft) |
| 7 7/8"-TD                  |                      |           |                   |
| Cast Iron Bridge Plug-7600 |                      |           |                   |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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<br><del>7/20-25/87</del> 8-5-87 Swabbing | Date of Test<br>8-6-87          | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                       |
| Length of Test<br>12 hrs                                                 | Tubing Pressure<br>150 psi      | Casing Pressure<br>150 psi                               | Choke Size<br>64/64th |
| Actual Prod. During Test                                                 | Oil - Bbls.<br><del>30</del> 60 | Water - Bbls.<br>75                                      | Gas - MCF<br>25       |

#### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

#### \* Perforations

##### Lower Gallup

7504-7476 1JS/4 ft.  
7338-7270 1JS/4 ft.  
7270-7180 1JS/2 ft.  
7180-7064 1JS/4 ft.  
(102 total)

##### Upper Gallup

7050-6820 1JS/2 ft.  
(116 total)