|                  |     | 5  |  |  |
|------------------|-----|----|--|--|
| Car (Blown)      | אכ  |    | لـــــــــــــــــــــــــــــــــــــ |  |
| SANTA FE         |     | 1  |  |  |
| FILE             |     | 1  | V                                      |  |
| U.S.G.S.         |     |    |  |  |
| LAND OFFICE      |     |    |  |  |
| TRANSPORTER      | OIL | 1  |  |  |
|                  | GAS | 1_ |  |  |
| OPERATOR         |     | 7  |  |  |
| PROBATION OFFICE |     |    |  |  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old G-104 and G-110
Effective 1-1-65

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|      | U.S.G.S.  LAND OFFICE  OIL /   |   |  |                   |                      |           |  |  |
|------|--|---|--|-------------------|----------------------|-----------|--|--|
| I.   | OPERATOR / PRORATION OFFICE  |   |  |                   |                      |           |  |  |
| _,   | Operator Petroleum   | Petroleum Consultants, Inc.               |  |                   |                      |           |  |  |
|      | Address 1420 Carlisle Blvd. NE, Suite 202, Albuquerque, New Mexico 87110   |   |  |                   |                      |           |  |  |
|      | Reason(s) for filing (Check proper box)  Other (Please explain)  |   |  |                   |                      |           |  |  |
|      | New Well  Recompletion  Change in Ownership  | sate                                      |  |                   |                      |           |  |  |
|      | If change of ownership give name and address of previous owner   |   |  |                   | APR 23               | 1970      |  |  |
| II.  | DESCRIPTION OF WELL AND  | LEASE   Well No.   Pool Name, Including F | ormation   | Kind of Lease     | The com              | Lease No. |  |  |
|      | Federal  | 2 Bisti Gall                              |  | State, Federal or | Fee Federal          | 8F079046  |  |  |
|      | Unit Letter A ; 66   | 60 Feet From The North Lin                | e and660   | _ Feet From The   | East                 |           |  |  |
|      | Line of Section 9 Tov  | waship 24N Range                          | 10W , NMPM,  | San Ju            | an                   | County    |  |  |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil     Or Condensate   Address (Give address to which approved copy of this form is to be sent)   Merit Oil Corporation   152 Petroleum Center Bldg., Farmington, NM 8740  |   |  |                   |                      |           |  |  |
|      | Name of Authorized Transporter of Cas<br>El Paso Natural Gas   | singhead Gas or Dry Gas                   | Address (Give address to<br>P. O. Box 990,   | which approved    | copy of this form is |           |  |  |
|      | If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. A 9 24N 10W           | Is gas actually connected Yes  |                   | ir, NM               |           |  |  |
|      | If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff, Resty,  |   |  |                   |                      |           |  |  |
|      | Designate Type of Completic  |   | New West   | L L               | i came it            | 1         |  |  |
|      | Date Spudded   | Date Compl. Ready to Prod.                | Total Depth  | F                 | P.B.T.D.             |           |  |  |
|      | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation               | Top Oil/Gas Pay  | Т                 | ubing Depth          |           |  |  |
|      | Perforations   |   | D  | Pepth Casing Shoe |                      |           |  |  |
|      |  | TUBING, CASING, AND                       | DEPTH SE   |                   | SACKS CE             | MENT      |  |  |
|      | HOLE SIZE  | CASING & TUBING SIZE                      | DEFIN 3E   | <u> </u>          | 38083 02             | MENT      |  |  |
|      |  |   |  |                   | · .                  |           |  |  |
|      |  |   |  |                   |                      |           |  |  |
| 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.)  OII. WELL  Date First New Oil Run To Tanks  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></u>  |                   |                      |           |  |  |
|      | GAS WELL Actual Prod. Test-MCF/D   | Length of Test                            | Bble. Condensate/MMCF  |                   | Gravity of Condensat | •         |  |  |
|      | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                 | Casing Pressure (Shut-   | in)               | Choke Size           |           |  |  |
| VI.  | CERTIFICATE OF COMPLIAN  | CE  | OIL C  | ONSERVATI         | ON COMMISSIO         | )N        |  |  |
|      | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.   |   | APPROVED APR 2 3 1979  |                   |                      |           |  |  |
|      |  |   | BY New Indeed by a. H. Wendrick  |                   |                      |           |  |  |
|      |  |   | TITLE SUPERVISOR DIST #8   |                   |                      |           |  |  |
|      | And the second s |   | This form is to be filed in compliance with RULE 1104.   |                   |                      |           |  |  |
|      | (Signature)  |   | 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. |                   |                      |           |  |  |
|      | President (Title)  |   | All sections of  | this form must    | be filled out comp   |           |  |  |
|      | April 16, 1976   |   | 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)