CONFIDENTIAL

L.O. Van Ryan

(Signature) PRESIDENT

(Date)

(Tule) 11/17/87

STATE OF NEW MEXICO		•		Form C-104	
DISTRIBUTION	OI	L CONSERV	ATION DIVISIO	Revised 10-0	
SANTA FE			X 2088		
U.8.d.8.	9	SANTA FE, NEV	W MEXICO 87501		
LAND OFFICE					
TRANSPORTER GAS			R ALLOWABLE	NOV 1 8 1987	Can M
PROBATION OFFICE	AUTHORIZ	ZATION TO TRANS	IND PORT OIL AND NATU	RAL GAS	
Operator COLEMAN OF	L & GAS, IN	C		Dist. 3	
Address	LL & GAS, IN	<u>.</u>			- x-\$/
P. O. DRAW		FARMINGTO	N, NEW MEXICO		
Reason(s) for filing (Check prope			Other (Pleas	e explain)	
New Well	<u> </u>	Transporter of:			
Recompletion	U 011	=	ry Gas		
Change in Ownership	Casing	head Gas C	ondensate	<u> </u>	
If change of ownership give na and address of previous owner					
II. DESCRIPTION OF WELL					
Lease Name	1 _ [Pool Name, Including F		Kind of Lease	Leane No.
ANDERSON		LYBROOK G	ALLUP	State, Federal or Fee	NM-5436
Unit Letter K; 1	740 Feet From	The South Lin	ne and 1980	Feet From The WEST	
Line of Section 22	Township 24N	Range	8W , NMPN	SAN JUAN	County
III. DESIGNATION OF TRA	ANSPORTER OF O	IL AND NATURAI	L GAS		
Name of Authorized Transporter (of Oil 📉 or Con	densate 🔲	Address (Give address	to which approved copy of this form is	
THE PERMIAN CORP	ORATION		P. O. BOX		
Name of Authorized Transporter of UNKNOWN		or Dry Gas	Address (Give address	to which approved copy of this form is	to be sent)
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connect		
give location of tanks.	, K ; 22	24N 8W	NO	UNKNOWN	
If this production is commingle	d with that from any	other lease or pool,	give commingling orde	r number: NA ,	
NOTE: Complete Parts IV	and V on reverse sid	le if necessary.	11-18-87		
VI. CERTIFICATE OF COMI	PLIANCE		OIL C	CONSERVATION DIVISION	1 8 1987
I hereby certify that the rules and re- been complied with and that the info	gulations of the Oil Con rmation given is true and	servation Division have complete to the best of	APPROVED		, 19
my knowledge and belief.	_		BY	SlibEoulean Discourse	
	./ 0		TITLE	SUPERVISOR DISTRICT	₹ 8
		_	This form is to	be filed in compliance with MUL	E 1104.
O Van Pyan	in I an			uest for allowable for a newly drill	
•	Signature)			t be accompanied by a tabulation (well in accordance with MULE 11	

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.	റ	MP	FT	ION	DA	ATA

Designate Type of Complete	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv
• • • • • • • • • • • • • • • • • • • •		<u> </u>		X	<u> </u>	<u>. l</u>		<u> </u>	! !
Date Spudded	Date Comp	l. Ready to P	rod.	Total Dept	n		P.B.T.D.		
9/11/87	10/09/87		5615		5572				
Elevations (DF. RKB, RT, GR, etc.)	Name of Pr	roducing Form	ation	Top Oil/Go	n Pay		Tubing Dep	oth	
6825 GR	GALLUP		5326		553C				
Perforations							Depth Cast	ng Shoe	
5326-5547							5615		
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	т	S	ACKS CEMEN	Т
12-1/4	8-	5/8"			214'			150	
7-7/8	4-	1/2"		5	615'			795	
	2-	3/8"		5	530 '	 			

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 10/09/87	Date of Test 11/11/87	Producing Method (Flow, pump, gas lift, etc.) PUMPING				
Longih of Teet 3 hrs.	Tubing Pressure . 60	Casing Pressure 60	Choke Size			
Actual Prod. During Teet 5 bbls.	OII-Bhis. 40 BOPD	Water - Bbis.	Gae-MCF 57 MCF/D			

GAS WELL 40			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure / Shut-in)	Cosing Pressure (Shut-in)	Choke Size

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(Signature) PRESIDENT

(Date)

(Tule) 11/17/87

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTME	ENT				Form C-104
DISTRIBUTION SANTA FE FILE U.S.O.S.		P. O. BC	ATION DIVISIC DX 2088 W MEXICO 87501	ON /	Revised 10-01-78 Format 08-01-83 Page 1
TRANSPORTER OIL GAS OPERATOR PROMATION OFFICE	AUTHORIZ	A	R ALLOWABLE IND PORT OIL AND NATU	NOV 1 8	1887 - Kal
COLEMAN OIL	& GAS, IN	C.			
P. O. DRAWEI		FARMINGTO	N, NEW MEXICO	87499	
Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership	Change in T		Other (Please ry Gas ondensate	e explainj	
If change of ownership give name and address of previous owner	NID I E A SU				
II. DESCRIPTION OF WELL AND Lease Name ANDERSON		Pool Name, Including F LYBROOK G		Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-5436
Unit Letter K : 174	Feet From	The South Lin		Feet From The WES	TCounty
III. DESIGNATION OF TRANS Name of Authorized Transporter of O THE PERMIAN CORPOR Name of Authorized Transporter of C	SPORTER OF OIL		Address (Give address P. O. BOX	so which approved copy of t	his form is to be sent) ON, NM 87499
UNKNOWN If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 24N 8W	is gas actually connecte NO	when UNKNOW	'N
If this production is commingled w			give commingling order	number: NA ,	
VI. CERTIFICATE OF COMPLL thereby certify that the rules and regula	tions of the Oil Cons	servation Division have	OIL C	ONSERVATION DIVI	1 8 1987
been complied with and that the informa my knowledge and belief.	tion given is true and	complete to the best of	BY	Ely ,	upervisor district # :
1/		_	TITLE	he filed in complete.	The same of the sa

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	CO	MPI	ETI	ON	D	AΤ	A

		Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Restv.
Designate Type of Complet	ion = (X)		Х	:	:			
Date Spudded	Date Compl. Rea	dy to Prod.	Total Dept	h	······································	P.B.T.D.		
9/11/87	10/09/	/87	561	5615		5572		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
6825 GR	GALLU	GALLUP		6		5530		
Perforations						Depth Cast	ng Shoe	
5326-5547						5615		
	TUI	BING, CASING, AN	D CEMENT	NG RECOR	0			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SE	T	SACKS CEMENT		
12-1/4	8-5/8	11	214'			150		
7-7/8	4-1/2	11	5	615'			795	
	2-3/8	H .	5	530 '				

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 (OIL WELL)

Date First New Oil Run To Tanks 10/09/87	Date of Teet 11/11/87	Producing Method (Flow, pur PUMPING	sp, gas lift, etc.)	
Length of Teet 3 hrs.	Tubing Pressure · 60	Casing Presews	Choke Size	
Actual Prod. During Test 5 bbls.	OII-Bala. 40 BOPD	Water - Bbls. 5	Gds-MCF 57 M.CF/D	

Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate