

5-0CC, Aztec, N.M.

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DISTRIBUTION	
FRONTIER	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

API 30-039-21739

I. OPERATOR

Operator: Eolin Oil Company

Address: P. O. Box 400, Aztec, New Mexico 87410

Reason(s) for filing (Check proper box):

New Well Change in Transporter of: Other (Please explain):

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Candado</u>	Well No., Pool Name, including Formation <u>22 Blanco Mesaverde</u>	Kind of Lease State, Federal or Free <u>Fed. SF</u>	Lease No. <u>079161</u>
Location			
Unit Letter <u>L</u>	<u>1810</u> Feet From The <u>S</u> Line of <u>1160</u> Feet From The <u>W</u>		
Line of Section <u>4</u>	Township <u>26N</u>	Range <u>7W</u>	County <u>Mio Arriba</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau, Inc.</u>	<u>4775 Indian School Rd. N.E., Albuquerque, N.M.</u>
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)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 990, Farmington, N. Mex. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>L 4 26N 7W No</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>10/12/78</u>	Date Compl. Ready to Prod. <u>5/29/79</u>	Total Depth <u>5250' KB</u>		P.B./D.D. <u>5195' KB</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>6573' CL</u>	Name of Producing Formation <u>Mesaverde</u>	Depth of Gas Day <u>5042'</u>		Tubing Depth				
Perforations <u>5042' - 5158'</u>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>333' KB</u>		<u>350 sbs to surface.</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>5235' KB</u>		<u>800 sbs to surface.</u>				
	<u>1 1/2"</u>	<u>5109' KB</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 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-MMCF

GAS WELL

Actual Prod. Test-MMCF/D <u>802 AOF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Chart-in) <u>1027#</u>	Casing Pressure (Chart-in)	Choke Size <u>7/8"</u>

VI. CERTIFICATE OF COMPLIANCE

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.

Notarized Deviation Survey on 5/16 w/0CC

[Signature]
 Agent, POLIN OIL CO.
[Signature]

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 transportation of such change of condition.

Separate Forms (C-104) must be filed for each pool in multiple