

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator Curtis J. Little	
Address P.O. Box 2487 Farmington NM 87499	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 4	Pool Name (including formation) Smith Blanco Picture Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-000111-A
Location				
Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West				
Line of Section 21 Township 26N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990, Farmington NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	no	soon

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.
			X	X					
Date Spudded 4-21-83	Date Compl. Ready to Prod. 5-23-83		Total Depth 30⁶³9' GL		P.B.T.D. 3030'				
Elevations (D, RT, GR, etc.) 6918' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2930		Tubing Depth none				
Perforations 2930-44, 2962-76 w/16 shots, 2' apart				Depth Casing Shoe 3056					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8-3/4	7"		122		65				
5-1/4	2-7/8		3056		350				

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)

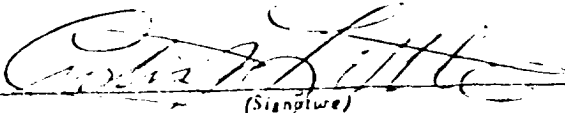
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED JUN 25 1983
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 502	Length of Test 3 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) bk pr.	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 3-day: 801 psi	Choke Size 3/4

1. 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)
Operator
(Title)
5-23-83
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 9 1983**, 19_____
BY **Mark S. Chavez**
TITLE **SUPERVISOR DISTRICT # 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.