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Appropriate District Office
DISTRICT I
P.O. Box 1980, Houbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## Energy, Minerals and Natural Resources Department

Revised I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					W.C.II	WEIL ALT ING.					
R & G Drilling Company	& G Drilling Company			C/O KM Production Com			any 30-045-06980				
Address	3714 6715	^					-				
PO Box 2406, Farmington		y 			<del></del>						
Reason(s) for Filing (Check proper box	:)		_		_յ Ծահ	es (Please exp	lain)				
New Well  Recompletion		Change is	Transpo								
	Oil Caningha	-4 Cas	Dry Gar Conden								
Change in Operator	Casinghe	au Gas _	Conten				<del>-</del>				
and address of previous operator											
I. DESCRIPTION OF WEL	L AND LE	ASE									
Lease Name	<u> </u>	Well No.	Pool Na	me, Includ	ing Formation			of Lease	1 -	ase No.	
Krause		7	В	asin Fr	uitland co	al	State,	Federal or Fee	SF-07	8863	
Location											
Unit Letter M	:9	90	_ Feet Fro	om The So	outh Lin	and	Fe	eet From The	West	Line	
	0.00	.7	_	1 117		m. r	Con Tuon			Country	
Section 33 Town	ship 28	N	Range	11W	, N	мРМ,	San Juan	<u> </u>		County	
III. DESIGNATION OF TRA	NCPADTI	ያው ብክ ብ	AT. ANI	n NATII	RAT. GAS						
Name of Authorized Transporter of Oil		or Coade			Address (Giv	e address 10 w	hich approved	copy of this forn	1 is 10 be se	nt)	
										<u>-</u>	
Name of Authorized Transporter of Ca	singhead Gas		or Dry	Gas X	1			copy of this forn	1 is 10 be se	nt)	
El Paso Natural Gas Com					<del></del>			i, NM 87499			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	1.7			
give location of tanks.		L	J	1	<u> </u>		L_				
If this production is commingled with the	at from any ot	her lease or	pool, giv	e comming	ing order num	oer:					
IV. COMPLETION DATA		loani :		ias Well	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v	
Designate Type of Completion	on - (X)	Oil Wel	, I	X	I MEM MEIL	workover	Peeben	Y		[	
Date Spudded		ol Ready t	o Prod.	<u> </u>	Total Depth	L	_l	P.B.T.D.		_ <del></del>	
8-1-55						1966			1914		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
6109 6/26/ Fruitland Coal					1870			1879			
Perforations								Depth Casing S	ihoe		
1870-1878; 1904-1910					CODA CODA MONTO	IO PEGOI	\D	1959			
TUBING, CASING A					CEMENTI		SA	SACKS CEMENT			
HOLE SIZE		8 5/8"			DEPTH SET			50 sx, 59 ft <sup>3</sup>			
7 7/8"		5 1/2"			1959			100 sx, 118 ft <sup>3</sup>			
7 770		2314			7, 74						
			<del></del>								
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE		<u> </u>						
OIL WELL (Test must be afte	r recovery of t	otal volume	of load o	il and must	be equal to or	exceed top all	lowable for the	is deple on be for	full 24 how	()	
Date First New Oil Run To Tank	Date of To				Producing M	thod (Flow, p	ump, gas lift,	eic.)	U F	t u see	
								1//		1000	
Length of Test	Tubing Pr	essure			Casing Pressure			Choke Size	0V1 3	1992	
								Gas- MCNIA	C/18	i. Div	
Actual Prod. During Test	Oil - Bbls				Water - Bbls.			Gas- MCh			
					<u> </u>			<u> </u>	DIST	٠	
GAS WELL								10-11-10	dan sot :		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sale/MMCF		Gravity of Con	OCH PARE		
No Flow					Carina	on (Shuties)	· 	Choke Size	· Amilian of Canal		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
		0			<del>ار</del>	175					
VI. OPERATOR CERTIF				CE	(		NSFRV.	ATION D	IVISIO	N	
I hereby certify that the rules and re	gulations of the	Oil Conse	rvation					, , , , <u>, , , , , , , , , , , , , , , </u>		-	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 2 3 1992						
is true and confined to the test of it					Date	Approve	ea				
1/1/md/ 1/1/C	MAX						_	$\sim$ $\sim$	/		
S. Lanuar					∥ By_		3.	1) 54			
Signature Kevin H. McCord Petroleum Engineer					SUPERVISOR DISTRICT #3						
Printed Name			Title		Title						
11-12-92	(505	5)325-69									
Date		I cl	ephone N	u.	П						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Common C 104 must be filled for each most in multiply completed wells.