

-06982

F.Loc. 995/S; 980/W Elev. 6043 DF Spd. 7/20/55 Comp. 8/5/55 TD 1924 PB  
 Casing S. 8-5/8 @ 95 W 50 Sx. Int. @ W Sx. Pr. 5 1/2 @ 1924 W 150 Sx. T. @  
 Csg.Perf. Prod. Stim. SOF Ps w/13000G, 13000#, 1844-70 T  
 I.P. 2000 ~~XXXX~~ MCF/D After 3 Hrs. SICP 450 PSI After 7 Days GOR          Grav.          Ist Del. 2/28/56 S

TOPS	NITD	X	Well Log	X	TEST				DATA			
					Schd.	PC	Q	PW	PD	D	Ref. No.	
Kirtland	C-102		Plot	X								
Fruitland	C-103	✓	Electric Log			Test Del.	Shut in	8/6/56	#1140			
Pictured Cliffs	C-104	⊗	C-110	✓X	8/7/56	321	50	229	160	71	#1267	
Cliff House			C-122-B	X	9/24/57	260	46	320	170	20		
Menefee	Ditr 9-24-56		Dfa		9/20/58	296	23	224	148	37		
Point Lookout	Datr		Dac		7m							
Mancos	DISCONN. 3-30-66 Remarks # 9670 11000 P. 8/31/42 nit PE PC + REComp. 11000											
Tocito												
Dakota												
Morrison	To be aband. 10-12-92											160
Entrada												

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 Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |  
 West Kutz PC Co. SJ s 32 T 28N R 11W UM Oper. R & G Dr. Lse. Krause No. 5

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator R & G Drilling Company	C/O KM Production Company	Well API No. 30-045-0698200
Address PO Box 2406, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Krause	Well No. 5	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 078863
Location Unit Letter <u>M</u> : <u>995</u> Feet From The <u>South</u> Line and <u>980</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>28N</u> Range <u>11W</u> , <u>NMPM</u> , <u>San Juan</u> 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	PO Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					NO	

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		X
Date Spudded 7-18-1955	Date Compl. Ready to Prod. 10/12/92	Total Depth 1924'		P.B.T.D. 1840				
Elevations (DF, RKB, RT, GR, etc.) 6043'	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 1780		Tubing Depth 1800				
Perforations 1780-1784 ; 1802-1812' 1818-1828				Depth Casing Shoe 1924				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#/ft	94	50 sx
7 7/8"	5 1/2" 14#/ft	1924	150 sx

**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 Tank	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

**GAS WELL**

Actual Prod. Test - MCF/D No Flow	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR 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.

Kevin H. McCord  
Signature  
Kevin H. McCord Petroleum Engineer  
Printed Name  
10-15-92 (505) 325-6900  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved OCT 26 1992  
By [Signature]  
Title SUPERVISOR DISTRICT #3

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

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