

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  
I.P. 2000 MCF/D After 3 Hrs. SICP 450 PSI After 7 Days GOR \_\_\_\_\_ Grav. \_\_\_\_\_ 1st Del. 2/28/56

[illegible]

West Kutz PC Co SJ s 32 T. 28N R 11W UM Over R & G Dr. Lse. <sup>20</sup>Brasse 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 M : 995 Feet From The South Line and 980 Feet From The West Line Section 32 Township 28N Range 11W, NMPM, San Juan 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.

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

OIL CONSERVATION DIVISION

Date Approved OCT 26 1992

By  
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.