

5 - NMOCD 2 - Pioneer 1 - Inland 1 - EPNG (Clark) 1 - File

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Pioneer Production Corp.		
Address P O Box 208, Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
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 Ohio	Well No. #1E	Pool Name, including Formation Dasin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. NM 020499
Location Unit Letter G ; 1740' Feet From The North Line and 1800 Feet From The East Line of Section 22 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Inland Corp.	P O Box 1528, Farmington, NM 87401	
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 Co.	P O Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit G Sec 22 Twp 28N Rge. 11W	Is gas actually connected? NO When

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.
		XX	XX					
Date Spudded 12-3-80	Date Compl. Ready to Prod. 2-4-81		Total Depth 6282'		P.B.T.D. 6250'			
Elevations (DF, RKB, RT, GR, etc.) 5556' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 5985		Tubing Depth 5882' RKB			
Perforations 5985, 87; 6010, 11, 64, 66, 70, 72, 75, 78, 82, 86, 91, 94; 6101, 02, 29, 43, 47, 50					Depth Casing Shoe 6279' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		552' RKB		325 sx class B + 2% CaO			
7-7/8"	4-1/2"		6279' RKB		353 cu. ft. 1st stage			
					1505 cu. ft. 2nd stage			
	1-1/4"		5882' RKB					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 434	Length of Test 8 hrs	Bbls. Condensate/MMCF 20	Gravity of Condensate 1
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 650 SI	Casing Pressure (shut-in) 655 SI	Choke Size 3/4"

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.

(Signature) Jim L. Jacobs  
'Agent  
(Title)  
3-12-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT #3  
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 transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.