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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE  
AND  
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)  
New Well ☒    Change in Transporter of:  
Recompletion ☐    Oil ☐    Dry Gas ☐  
Change in Ownership ☐    Casinghead Gas ☐    Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne D	Well No. #1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee    Fed.	Lease No. NM 010063
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Location  
Unit Letter M : 1030' Feet From The South Line and 880' Feet From The West  
Line of Section 21 Township 28N Range 11W , NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>21</u> Twp. <u>28N</u> Rge. <u>11W</u>	Is gas actually connected? <u>No</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-14-80	Date Compl. Ready to Prod. 1-21-81	Total Depth 6504'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5822' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6229'	Tubing Depth 6135' RKB					
Perforations 6229, 52, 54, 58; 6313, 16, 18, 20, 24, 26, 29, 31, 34, 56, 61, 85, 87	Depth Casing Shoe 6503' RKB							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	723'	400 sx class B, 2% CaCl
7-7/8"	4-1/2"	6503' RKB	389 cu.ft. 1st stg
	1-1/4"	6135' RKB	1819 cu.ft. 2nd stg

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be able to exceed top allc able 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 905	Length of Test 8 hrs	Bbls. Condensate/MMCF 7 1/2	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1070 SI	Casing Pressure (shut-in) 1080 SI	Choke Size 1"

VI. 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.

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

OIL CONSERVATION DIVISION  
MAR 18 1981

APPROVED  
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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allo able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditio  
Forms C-104 must be filed for each pool in multi