

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator

CINCO GENERAL PARTNERSHIP  
Address: P O Box 451, Albuquerque, New Mexico 87103-0451

Well Aff No: 30-039-24070

Reason(s) for Filing (Check proper box)

New Well  Change in Transporter of:  Other (Please explain)

Recompletion  Oil  Dry Gas

Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator: CINCO, LTD., P. O. Box 451, Albuquerque, New Mexico 87103-0451

II. DESCRIPTION OF WELL AND LEASE

Lease Name: State Pat (~~E-178~~) Well No: #1 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: State State, Federal or Fee: Lease No.: E-178

Location: Unit Letter: D : 960 feet From the North Line and 1100 feet From the West Line

Section: 32 Township: 30 North Range: 7 West , NMPL, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Giant Refining Co.  or Condensate  Address (Give address to which approved copy of this form is to be sent): P O Box 12999, Scottsdale, Az 85267

Name of Authorized Transporter of Casinghead Gas: El Paso Natural Gas Co.  or Dry Gas  Address (Give address to which approved copy of this form is to be sent): P O Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks: Unit: D Sec: 32 Twp: 30N Rge: 7W Is gas actually connected? Yes When? March 23, 1987

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
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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 WELL

Actual Prod. Test: MCF/D Length of Test: Bbls. Condensate/MCF: Gravity of Condensate:

Testing Method (pitot, 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: Frank D. Gorham III Managing Partner  
Printed Name: Frank D. Gorham III Title: Managing Partner  
Date: 8/26/93 Telephone No: (505) 843-6149

OIL CONSERVATION DIVISION

Date Approved: AUG 27 1993

By: Original Signed by CHARLES GRILSON

Title: DEPUTY OIL & GAS INSPECTOR, DIST. 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.