5-NMOCD 1-P	ionee	r	1-Tr		
NO. OF COMICS RECEIVED					
DISTRIBUTION			[5]		
SANTA FE					
FILE					
U,\$.G.\$.					
LAND CFFICE					
TRANSPORTER	OIL				
INANSPORTER	GAS		7		
OPERATOR					
PRORATION OFFICE					
Operator Pioneer Production					
Box 208					
Pensagle Los liling (Check proper box)					

	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /_		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	ias	
	LAND CFFICE				
	TRANSPORTER GAS	-			
	OPERATOR /	1			
1.	PRORATION OFFICE				
-	Operator Pioneer Productio	n Carp			
	Address	n corp.			
	Box 208, Farmingt	on, NM 87401			
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga			
	Change in Ownership	Casinghead Gas Conden	isate		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, including re	a	•	
	Cooper	1E Basin Dakota	State, redeta	lor Fee Fed SF 077317	
	Location F 184	0 North	1830	The West	
	Unit Letter F : 104	O Feet From The North Lin	e and 1000 Feet from	The MCSC	
	Line of Section 7 To	wnship 29N Range 11	W , NMPM, San Jua	an County	
	Line of Section				
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	and cany of this form is to be sent)	
	Name of Authorized Transporter of OL	or Condensate	Andress (Give address to which appro		
	Thriftway Name of Authorized Transporter of Ca	singhead Gas or Dry Gas V	Box 1367, Farmington, Address (Give address to which appro	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca		Box 990, Farmington, N		
		Unit Sec. Twp. Ege.	Is gas actually connected? Wh		
	If well produces oil or liquids, give location of tanks.	F 7 29 11	No		
	** in commingled w	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v	
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Frid Back Same No.	
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	Date Spudded 2-11-80	4-22-80	6575'	6530'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5714' GL	Dakota	6313'	6224' RKB	
	Perforations	0 10 15 10 10 6400	04 6225 20 16 12	Depth Casing Shoe	
	5430, 28, 26, 24, 22, 20, 18, 16, 13, 10, 6408, 04, 6325, 20, 16, 13  TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8-5/8"	722' RKB	375 sx	
	12-1/4"	0-5/0	6575' RKB	920 sx	
	7-7/8"	1-1/4"	6224'		
			<u> </u>	<u> </u>	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow	
•	OIL WELL	Date of Test	Producing Method (Flow, pump, gas l.	ift, of.)	
	Date First New Oil Run To Tanks	Date of Legs			
	Length of Test	Tubing Pressure	Casing Pressure	Chok Size	
	Length of Test			0/1 3	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - 4950	
				VIST COM	
ι,					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D 360	4-1/2 hrs			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		1450 SI	1450 SI		
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERY	ATION COMMISSION	
• • •			45550455		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	<del></del>	
Commission have been complied with and that the information give above is true and complete to the best of my knowledge and belief		BY Original Signed by FRANK T. CHAVEZ			
			TITLEUDERVISOR DISTRIC	/ 李宝	
	S'A, Willem (Signarye)		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Algent //		All sections of this form m	just be filled out completely for allow	
	(Tike)		able on new and recompleted w	Vells.	
	<b>5-29-80</b>	5-29-80 Fill out only Sections I. II. III. and VI for changes of own			
		late)	well name or number, or transporter, or other such change of condition		