		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE DNA

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Perm C-104 Supercedes Old C-106 and C-110 Ellective 1-1-65

OIL	1	,	
TRANSPORTER	4		
OPERATOR GAS	-		
PROBATION OFFICE			
perator			
ENERGY RESERVES			
P. O. Box 3280,		Other (Please Seain)	EIVED
New Weil	Change in Transporter of:	1 1111	0.7.1085
Recompletion	Oil Dry Gos	SEP	2 3 1985
Change In Ownership	Casinghead Gas Condens	ate .	ON. DIV.
	·	OIL	NCT 3
change of ownership give name nd address of previous owner			DIST. 3
ESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including For		
Gallegos Canyon Unit	350 West Kutz Pictu	ured Cliffs State, Federal	or Fee Federal SF-078109
Unit Letter I : 14	90 Feet From The South Line	and 880 Feet From T	he <u>East</u>
Line of Section 33 To	ownship 29N Range 1	2W , NMPM, San Jua	n County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of Of	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
	asinghedd Gas 🗍 or Dry Gas XX	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Co			
El Paso Natural Gas Co	Unit Sec. Twp. P.ge.	P. O. Box 1492, El Paso Is gas actually connected? Whe	
If well produces oil or liquids, give location of tanks.		No WC	·
	ith that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet		XX	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth 1572	P.B.T.D. 1550
6-17-85	9-9-85 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 5531-GR, 5539-KB	Pictured Cliffs	1446	1498
Perforations			Depth Casing Shoe
1446-1468', 15 shots			1572
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	138	100 sx C1 B w/2%CaC1
	1.1/0	1572	\& 1/4#sx Flecele \\ \frac{2}{225} \text{ or 50 FORearity } \(\text{22} \)
6 1/4	4 1/2	1572	225 sx 50-50Pozmix w/2%
			and must be equal to or exceed top allow
TEST DATA AND REQUEST :	FUR ALLUWABLE (1 est must be a able for this de	epth or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ifi, etc.)
		I Cardina Danasana	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Cupra 2114
Actual Prod. During Test	Otl-Bbis.	Water-Bble.	Gas-MCF
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	24 hours	-0-	NA
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Choke nipple	100	100	1/4"
CERTIFICATE OF COMPLIA		N. C.	ATION COMMISSION
			OFC - 2 1985
a	d regulations of the Oil Conservation with and that the information given	t II — — — — — — — — — — — — — — — — — —	
above is true and complete to t	he best of my knowledge and belief.	SUPERVISOR DISTRICT 38 4	
		TITLE	
6/10/	1001	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 allow	
Klose !/.	Jexus.		
·	gnature)		
	District Clark Tule)	All sections of this form of this form of this form of the completed to	cust be filled out completely for allowells.
September 18, 1985	• • • • • • • • • • • • • • • • • • • •	Total Carlos T	tt ttt and VI for changes of owne
	(Date)	well name or number, or transpo	orter, or other such change of condition

(Dete)

Separate Forms C-104 must be filed for each pool in multiply completed wells.