^1	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	
L FICE	ASTRONIZATION TO THA	NO ON POLE AND NATORAL	
TER OIL /	_		
GAS /	4		
RATION OFFICE	4		
101	<u> </u>		
	1 & Gas Company		
::ss	2564 Rillings Montana	59103	
eason(s) for filing (Check proper box	2564, Billings, Montana	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	s X	
Change in Ownership	Casinghead Gas Conden	sate	·
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND			
Lease Name	Well No. Pool Name, including Fo		25-55-7-51
Yager	2A Blanco-Mesaye	erde State, Feder	al or Fee Fee
P 790	Feet From The South Line	e and 1190 Feet From	The East
Unit Letter;;	Feet From The Line	e dnareet rom	ine
Line of Section 20 To	waship 32N Range	6 W , nmpm,	San Juan County
		_	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oti	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
,			~
Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas 🎇	Address (Give address to which appr	oved copy of this form is to be sent)
Northwest Pipeline C		P. 0. Box 1526, Salt La	
If well produces oil or liquids,	Unit Sec. Twp. Pge.		hen
give location of tanks.	<u> </u>	No No	
If this production is commingled wincomplet wind COMPLETION DATA	th 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 Completi		Translation 1	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth 6222'	6160'
Elevations (DF, RKB, RT, GR, etc.)	11/18/77 Name of Producing Formation	Top on/Gas Pay	Tubing Depth
6790GR, 6801KB	Mesaverde	5876'	6063'
Perforations L. Mesaverde: 5	<u>Mesaverde</u> 981,5996,6004,6010,6018,6	6025,6034,6038,6043,605	O Depth Casing Shoe
<u>6059,6066,6078,6094,611</u>	8,6123; U. Mesaverde: 5876.	5878,5903,5907,5911,593	6209'
5934,5939 (one shot per	FOOT) TUBING, CASING, AND	DEPTH SET	SACKS CE at
13-3/4"	9-5/8"	219KB	250
8-3/4"	7''	3767	700
61.	43	6209	· · · · · · · · · · · · · · · · · · ·
(cased)	2-3/8"	6063	
TEST DATA AND REQUEST FOIL WELL	'OR ALLOWABLE. (Test must be a) able for this de	fter recovery of total volume o doi pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Fraducine Method (Flow, pump, gas	lift, etc.)
			Choke Size
Length of Test	Tubing Pressure	Costin, wesself	Chose dige
Actual Prod. During Test	Oil-Bbls.	Water-Bbis,	Cat - MCF
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bale. Condensate/MMCF	Gravity of Condendate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	SITP 1125	SICP 1126	3/411
CERTIFICATE OF COMPLIAN		11	ATION COMMISSION
			18
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.		APPROVED 19 APPROVED 19 Original Signed of A. R. Rendrick	
0 1 0			
47 Kon Tran		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
J. G/Routson (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Petroleum Engineer (5 / \$\frac{\(Title \)}{2} \)		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 rome or tenners for or other even.	
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