1	NO. OF COPIES RECT	15		
	DISTRIBUTION			
	SANTA FE			
ı	FILE		7	
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
	TRAKS SKILL	GAS		
	OPERATOR		2	<u> </u>
١.	PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	REQUEST	FUR ALLOWABLE	Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TRA	AND .NSPORT OIL AND NATURAL GAS	• .0 1/	
LAND OFFICE	AUTHORIZATION TO TRA	MATURAL GA	$\mathbf{v} \in \mathcal{V} \cup \mathcal{V}$	
IRANSPORTER OIL				
OPERATOR 2	,			
PRORATION OFFICE			ADA 20 015 02105	
Operator			AP1 30-045-23195	
ENERGETICS, INC.				
102 Inverness Terr	race East, Englewood, Cole	orado 801 1 2	1	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recomp'etion	Oil Dry Ga	s 📋		
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name and address of previous owner	·			
. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo		NQQ-20-142	
UTE 18	31 VERDE GALLUP	State, Federal or	Fee INDIAN 1716	
Location			EAST	
Unit Letter B; 55	OU Feet From The NORTH Lin	e and 1880 Feet From The	EROI	
Line of Section 18 To	ownship 31N Range	14W , NMPM, SA	N JUAN County	
Line of Section	whship 3111 Hunge	, Italian		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Oi	1 XX or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
GIANT REFINING COM	IPANY	P.O. Box 256, Farmington		
Name of Authorized Transporter of Ca	rsinghead Gas or Dry Gas	Address (Give address to which approved	copy of this form is to be sent)	
NONE				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	B 18 31N 14W	NO TS	TM	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	NA	
. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	on - (X) Gas Well	1,100, 100, 1	Jug Buck Sume Nes 1. Bill. Nes 4.	
		Total Death	P.B.T.D.	
Date Spudded 11/02/78	Date Compl. Ready to Prod. 12/27/78	Total Depth 2670	2670	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth	
5941 Ground	GALLUP	2425	2649'	
Perforations		I	Depth Casing Shoe	
OPEN HOLE- 2425-26	570			
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 ‡	8 5/8		60 sacks class "B" + 2%	
		1	CaCl ₂ cement circ.	
7 7/8	5 ½	2425	150 sacks class "B" +	
		<u> </u>	2% gel	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and	i must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)	
Date First New Oil Run To Tanks LOAD-OIL /-27-79	04/05/79	PUMP	-	
Length of Test	Tubing Pressure		Choke Size	
Length of Test 24 hours	O O	0	NONE	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
4 BBL	4 BBLS	0 BBLS	TSTM	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condersate	
		Cosing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-Im)	Choice Size	
	1	OIL CONSERVAT	ION COMMISSION	
CERTIFICATE OF COMPLIAN	CE			
		APPROVEDAPROVED	, 19	
Commission have been complied	regulations of the Oil Conservation with and that the information given	11	B. Kendrick	
shove is true and complete to th	e best of my knowledge and belief.	Original Signed by A. R. Kendrick SUPERVISOR AND DESCRIPTIONS		
	104			
\\\///////////////////////////////////	111/1	This form is to be filed in con	mpliance with RULE 1104.	
JH12111X (1)	7/[//	I at able form must be accompanie	ole for a newly drilled or deepened ed by a tabulation of the deviation	
,	natwe)	tests taken on the well in accorda	ince with RULE 111.	
AGF	CNT		he filled out completely for allow-	

(Title) 04/18/79 (Date)

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 name or number, or transporter, or other such change of condition.

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

