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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API 30-045-23327

Operator ENERGETICS, INC.	
Address 102 Inverness Terrace East, Englewood, Colorado 80112	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name UTE 14	Well No. 34	Pool Name, including Formation VERDE GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NOO-C-1420-1720
Location Unit Letter 0, 680 Feet From The SOUTH Line and 1670 Feet From The EAST				
Line of Section 14 Township 31N Range 15W, NMPM, SAN JUAN County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
GIANT REFINERY		P.O. Box 256, Farmington, New Mex. 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
NONE						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 14	Twp. 31N	Rge. 15W	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12/23/78	Date Compl. Ready to Prod. 01/13/79	Total Depth 2502	P.B.T.D. 2502
Elevations (DF, RKB, RT, GR, etc.) 5605 GL	Name of Producing Formation GALLUP	Top Oil/Gas Pay 2200'	Tubing Depth 2443
Perforations 2199-2443 OPEN HOLE			Depth Casing Shoe 2199
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	93	70
7 7/8	5 1/2	2199	75

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 this depth or be for full 24 hours)

Date First New Oil Run To Tanks 01/12/78	Date of Test 02/01/79	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 40	Choke Size NONE
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

John Alexander
JOHN ALEXANDER (Signature)
AGENT

June 20, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1979, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DISTRICT # 3

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 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.