

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator GREAT WESTERN DRILLING CO.	Well API No. 30-045-28104
Address 2550 La Plata Hwy, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEIL GAS COM "A"	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078040
Location Unit Letter <u>A</u> : <u>1290</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>31N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas Co.	Box 4289 Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit 14	Sec. 31N
	Twp. 11W	Rge. No
	Is gas actually connected?	When? WO El Paso

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-8-90	Date Compl. Ready to Prod. 4-4-91	Total Depth 2785	P.B.T.D. 2715					
Elevations (DF, RKB, RT, GR, etc.) 5903' GR	Name of Producing Formation Furitland Coal	Top Oil/Gas Pay 2283-2584	Tubing Depth 2584'					
Perforations 2337-39, 2535-40, 2543-45, 2556-72, 2579-83, 29' 58 hoels			Depth Casing Shoe None					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 261	SACKS CEMENT 337 cu. ft. Class "B"					
	4 1/2"	2785	2% CaCl + 550 cu. ft. Howco					
	2-3/8	2584	+ 377 cu. ft. class "B"					
			+ 177 cu. ft. Class "G" neat					

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 Tank	Date of Test	Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas MCF

GAS WELL

Actual Prod. Test - MCF/D 1390	Length of Test 24 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 155	Casing Pressure (Shut-in) 395	Choke Size 3/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Roberta Matthews
Printed Name Roberta Matthews Clerk
Date 8-9-91 Telephone No. 327-0494

OIL CONSERVATION DIVISION

Date Approved SEP 09 1991
By [Signature]
Title SUPERVISOR DISTRICT #8

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
19-0043
CIVILIAN PO
1919

1919-1920
No. 1000
1919-1920