

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY ^{FORM C-104} Revised 10-1-78

MAY 24 1985

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator
SALKAR, INC.

Address

P.O. BOX 1151

ARTESIA, NEW MEXICO

88210

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

REQUEST 400 BOPD ALLOWABLE

San Andres 1516-1985

If change of ownership give name
and address of previous owner

For Month of May, 1985

DESCRIPTION OF WELL AND LEASE

Lease Name EL CHEAPO	Well No. 1	Pool Name, including Formation ARTESIA, Q, GB, SA	Kind of Lease State, Federal or Fee STATE	Lease No. LG-2719-1
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line of Section <u>35</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Edd</u> , <u>1EA</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159 ARTESIA			
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)			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp. 18	Rge. 27
	Is gas actually connected?		When	
	NO			

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/27/85	Date Compl. Ready to Prod. 4/22/85		Total Depth 2220		P.B.T.D. 2100			
Elevations (DF, RKB, RT, GR, etc.) 3493 GL	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay		Tubing Depth 2000			
Perforations 1953-1765, 1544-1525, 1519-1516, 1 SHOT PER HOLE					Depth Casing Shoe 2100			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	278	250
7 7/8"	4 1/2"	2100	460

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 4/22/85	Date of Test 5/1/85	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 37	Oil-Bble. 12	Water-Bble. 25	Gas-MCF TSTM

GAS WELL

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

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.

Mary O. Kaur
(Signature)Secretary
(Title)5/20/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 24 1985, 19BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOCB

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