

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CAPITAL OIL & GAS CORPORATION

Address
P. O. BOX 2130 KILGORE, TEXAS 75662

Reason(s) for filing (Check proper box).		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	Well No.	Well Name, including Formation	Kind of Lease	Lease No.
Lease Name	24	Miguel Creek - Gallup	State, Federal or Fee	09725
S.F.P.R.R.			Fee	

Location	Unit Letter	A	330	Feet From The	North	Line and	990	Feet From The	East
	Line of Section	29	Township	16N	Range	6W		NMPM,	McKinley
									County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	☒ or Condensate ☐	P. O. Box 256, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas	☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	A	29	16N	6W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Tests	Full Test
Date Started	Date Compl. Ready to Prod.	Total Depth		P.B.F.D.							
Elevations (D.F., R.R., K.F., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth							
Perforations		Depth Casing Shoe									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

First New Oil Run To Tanks	Date of Test	Producing 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		Dbis. Condensate/MMCF		Gravity or Condensate
Actual Prod. Test - MCF/D	Length of Test			
Testing Method (pump, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

[Signature]
(Signature)
Vice President
(Title)
9/1/83
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*, 19 *[Date]*

BY *[Signature]*
SUPERVISOR DISTRICT # 9

TITLE _____

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 recompleted wells.