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SANTA FE						
FILE						
U.S.G.S.	Ĭ.					
LAND OFFICE						
TRANSPORTER	OIL					
TAANSFORTER	GAS					
OPERATOR						
PROPATION OF	]					

Nackey (Signatury)

(Title)

(Date)

operator

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

1120/16 Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE						AND		60 60	
U.S.G.S.		<u> </u>		AUTHO	RIZATION TO TRAI	NSPORT OIL AND	NATURAL G	AS DEP	llver
LAND OFFICE									
TRANSPORTER	GAS							JAN 1	1 1983
OPERATOR	<del></del>								
PROPATION OF	ICE							OIL COL	y Due
Operator								DIST	" DIA"
Woosley Oi	il Co.	•		<del></del>			· <del>····································</del>	OIL CON	, <b>3</b>
Box 1227,	Corte	ez.	co 8	1321					
Reason(s) for filing						Other (Pleas	e explain)		
New Well	$\mathbf{x}\mathbf{x}\mathbf{x}$			Change in	Transporter of:	_			
Recompletion				Oil	XXIX Dry Gas	· 📙			
Change in Ownership	<u> </u>			Casinghed	ad Gas Conden	sate			
change of owners			ne					·	
ESCRIPTION O			ND L	EASE					
Lease Name	<u>. اين</u>	(1)	<u>ابه بد.</u>	Well No.	Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
Santa Fe				1	Star Mesa Verd	ie Ext.	State, Federal	or Fee OD-NM	6891 AF
Location									
Unit Letter P		. : <u></u>	330	Feet Fro	m The South Line	e and 330	Feet From T	The East	
Line of Section	8		Towns	thip 19N	Range (	6W , NMPI	4, McKinl	еу	County
DESIGNATION O	E TRA	NSP	ORTE	R OF OIL	AND NATURAL GA	s			
Name of Authorized	Transpo	rter o	1011	A or C	ondensate	Address (Give address			to be sent)
Giant Refi						Box 9156 Phoe	enix, AZ 8	5068	
Name of Authorized	Transpo	rter o	f Casin	ghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
	Uni			Jnit Sec	it Sec. Twp. P.ge. Is gas actual.		y connected? When		
If well produces oil give location of tank		18,	<u> </u>	P   8	3 19W 6W	No !			
( this production i	s commi	ingle	d with	that from an	ny other lease or pool,	give commingling orde	er number:		ι
COMPLETION D								Taring Bury Terrang	estv. Diff. Restv
Designate Ty	ne of C	Omn	letion		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	SS-V. DIII. Res-V
Designate Ty	pe or C	Joinp			X	X		P.B.T.D.	
Date Spudded				-	Ready to Prod.	Total Depth		2060	
6-1-82		11-10-		2270 1 Top Oil/Gas Pay		ZUOU Tubing Depth			
121, 1112, 111, 011, 010,		Memefe	ucing Formation	1496 & 1780		1747			
6891 GL				Memere	<del></del>	1470 4 1700		Depth Casing Shoe	
Perforations 1496 - 150	<b>18</b> &	1 79	R∩ _	1005 tr 1	1./++			2229	
1490 - 150	JO &	1/0			TUBING, CASING, AND	CEMENTING RECO	RD.	LLL	
						DEPTH S		SACKS CE	MENT
HOLE	II SIZE		<del></del> +	CASING & TUBING SIZE		61'		ll sks.	
6#1			$\rightarrow$	<del></del>	¥.5	2229		210 sks.	
<u> </u>				5 3/9		17417		LIV SRS.	
				_ <del>\$</del>	4. 7.0	<del></del>		<u> </u>	
TEST DATA AN	D REQ	UES	T FO	R ALLOWA	BLE (Test must be a able for this de	fter recovery of total vol pth or be for full 24 hou	ume of load oil	and must be equal to o	· exceed top allow
OIL WELL Date First New Oil	Run To	Tank	•	Date of Test	······································	Producing Method (Flo		ft, etc.)	
12-3-82				12-8-	-82	pumping			
Length of Test				Tubing Press		Casing Pressure		Choke Size	
24 hrs.				30 11	DS •	30 lbs.		open	
Actual Prod. During	Test			Oil-Bbls.		Water - Bbis.		Gas-MCF	
152 bbls	• _			15 bt	ols.	137	· · · · · · · · · · · · · · · · · · ·	TSTM	
GAS WELL						Ta::		Complete of Complete	
Actual Prod. Test-	MCF/D			Length of Ter	•t	Bbis. Condensate/MM	CF	Gravity of Condensa	
Testing Method (pit	tot, back	pr.)		Tubing Press	we (shut-in)	Casing Pressure (Sha	t-in)	Choke Size	
CERTIFICATE (	OF CO	MPT	IANC	E		OIL	CONSERVA	TION COMMISSI	ON A GLAST
CERTIFICATE OF COMPLIANCE			3-18-83	3-18-83					
l hannbu aanildu sh	gt the -	11100	and re	gulations of	the Oil Conservation				., 19
Camminatan bass	heen c	omni	ied wi	th and that	the information given	Original Sign	eu og UllAkki	S GHOLSON	
above is true and	comple	eto t	o the	best of my	knowledge and belief.	51		Ke Luron, MST. #3	
1						TITLE		20.000 1000 1100	
		1		1		11		compliance with RU	

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