

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Bolack Minerals Company

Address P.O. Box 255, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	Change in Transporter of:	Oil	Dry Gas
Recompletion	Oil	Oil	Dry Gas
Change in Ownership	Casinghead Gas	Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallo Canyon</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Counselor Gallup-Dakota</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM-067612</u>
Location				
Unit Letter <u>E</u>	<u>1860</u>	Feet From The <u>North</u>	Line and <u>950</u>	Feet From The <u>West</u>
Line of Section <u>13</u>	Township <u>23N</u>	Range <u>6W</u>	<u>NMPM, Rio Arriba</u>	

III. 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)
<u>Permian Corp.</u>	<u>P.O. Box 1702, Farmington, N.M. 87401</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Dugan Production Corp. (note change from orig.)</u>	<u>P.O. Box 208, Farmington, N.M.</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>13</u> Twp. <u>23N</u> Rge. <u>6W</u>	<u>Yes</u> <u>11/19/'84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-7034-A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
<u>X</u>			<u>X</u>					
Date Spudded <u>4/22/'84</u>	Date Compl. Ready to Prod. <u>6/13/'84</u>	Total Depth <u>6590'</u>		P.B.T.D. <u>6385'</u>				
Elevations (D ₁ , RT, CR, etc.) <u>6808' KB, 6795' Gr.</u>	Name of Producing Formation <u>Gallup, Graneros</u>	Top Oil/Gas Pay <u>5180'</u>		Tubing Depth <u>5244'</u>				
Perforations <u>6320-28', 6269-81', 5180-84', 5206-16', 5308-14', 5326-33', 5336-43', 5359-66', 5406-14', 5442-58', 5228-36'</u>		Depth Casing Shoe <u>6588'</u>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8", 24.0#</u>	<u>235'</u>	<u>200 Class B</u>
<u>7 7/8"</u>	<u>4 1/2", 11.6#</u>	<u>6588'</u>	<u>1st stg. 500 Pozm.</u>
			<u>2nd stg. 700 Pozm.</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks <u>6/13/'84</u>	Date of Test <u>6/16/'84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>40 psi</u>	Casing Pressure <u>40 psi</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil-Bbls. <u>36 bbls.</u>	Water-Bbls. <u>90</u>	Gas-MCF <u>107</u>

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William R. Speer
(Signature)
Agent for Bolack Minerals Co.
(Title)
November 29, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dwyer 1984
BY
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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.