

DATE RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
REGION	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address Lobo Production

PO Box 2364 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Dick Lauritsen PO Box 2364 Farmington NM

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gulf-Federal-24	1	<del>Wildcat</del> - Counselor Gallup	State, Federal or Fee Fed.	NM-1700
Location				
Unit Letter	D	920' Feet From The North Line and 795' Feet From The West		
Line of Section	24	Township 23N	Range 6W	NMPM, County

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)					
Giant Industries	PO Box 256, Farmington HWY, Bloomfield, NM					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	24	23N	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	Same Res't.	Diff. Res't.
	X		X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-30-83	4-22-83	5810' KB	5783'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7081' RKB	Gallup	5372'	5741' KB					
Perforations			Depth Casing Shoe					
5372' - 5776' Gallup								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# K55	212.96	150 sks. (177 cuft.)
7 7/8"	4 1/2" 10.5 & 9.5#	5810'	1st: 275 sks. (396.28 cuft.)
	J55		2nd: 600 sks. (1512 Cuf)
	2 3/8	5741'	50 sks. (59 cuft)

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-22-83	4-23/24-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	35 psig	35 psig	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
30 BBL	25	5	75

GAS WELL

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

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 is true and complete to the best of my knowledge and belief.

R. E. Lauritsen  
(Signature)

Operator  
(Title)

4-25-83  
(Date)

OIL

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #8

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.