

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOEL REYNOLDS
Box 356
Flora Vista, NM 87415

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

If change of ownership give name and address of previous owner Rader Oil Co. 4715 Fredericksburg Rd. San Antonio, Tex. 78229

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name <u>DARLA</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>S. SAN LUIS MESA VERDE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>
Location			
Unit Letter <u>A</u> : <u>1750</u> Feet From The <u>N</u> Line and <u>1230</u> Feet From The <u>E</u> .			
Line of Section <u>33</u> Township <u>18 N</u> Range <u>3 W</u> , NMPM, <u>SANDOVAL</u> 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 ☐			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 <u>A</u>	Sec. <u>33</u>	Twp. <u>18 N</u>
			Rge. <u>3 W</u>
Is gas actually connected?		When	

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, CR, 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)

Date 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		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	

CERTIFICATE OF COMPLIANCE I 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. <u>Noel Reynolds</u> (Signature) 11-8-86	OIL CONSERVATION DIVISION APR 09 1986 APPROVED <u>Frank J. O'Connell</u> BY <u>Supervisor</u> TITLE <u>Supervisor District #3</u> This form is to be filed with Rule 1104. If well is newly drilled or deepened well, it shall be filed with deviation	
--	---	--