## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

|                  | E 19 E P | Π |  |
|------------------|----------|---|--|
| DISTRIBUTION     |          | П |  |
| SANTA FE         |          |   |  |
| FILE             | FILE     |   |  |
| U.S.G.4.         |          |   |  |
| LAND OFFICE      |          |   |  |
| TRANSPORTER      | 016      |   |  |
|                  | GAS      |   |  |
| OPERATOR         |          |   |  |
| PROBATION OFFICE |          |   |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operate Trend Exploration Limited Address 777 Grant Street, Denver, Colorado 80203 Reason(s) for filing (Check proper box) Other /Please d Change in Transporter of: OH Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Legse No. State, Federal or Fee Federal Ojo Socorro 1. 34 Wildcat - Gallup NM25814 Location FSLSandova1 Line of Section Township 21NRange NMPM County Mame of Authorized Transporter of OII AND NATURAL GAS

Name of Authorized Transporter of OII Candengage 1 (27)

Address Address (Give address to which approved copy of this form is to be sent) Permian Corporation P.O. Box 1183, Houston, Tx. 77001 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Unit Sec. Rge. is gas actually connected? Twp. When If well produces oil or liquids, 10 21 give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. tests taken on the well in accordance with RULE 111.

| - 325-85<br>APPROVED | MAR 25 1985                                  |
|----------------------|--|
| BY                   | A  |
| TITLE                | SUPERVISOR DISTRICT # 3                      |
| This form            | n is to be filed in compliance with must see |

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

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 completed wells.

IV. COMPLETION DATA

| Designate Type of Completic                      | on – (X)   X                      | Gas Well N   | X X         | Workover     | Deepen   | Plug Back            | Same Restv.              | Diff. Res | 8/Y. |
|--|-----------------------------------|--------------|-------------|--------------|----------|----------------------|--------------------------|-----------|------|
| Octo Spudded<br>9/24/84                          | Date Compl. Ready to Pro          | <b>xd.</b> 1 | Fotal Depth | 6 <b>2</b> ' | <u></u>  | P.B.T.D.             | ,353'                    | ·         |      |
| GL 6,781'  | Name of Producing Forma<br>Gallup | tion T       | Fop OIL/Gas | -            |          | Tubing Dept          | ,200'                    | ·         |      |
| Perforations 4334, 44, 46 4053, 57, 68, 4178, 82 | , 4200, 05, 07, 17                | , 21, 44,    | 50, 72      | , 76, 79     | , 82     | Depth Casts          | <b>9 Shoo</b><br>, 362 ' |           |      |
|  | TUBING, C.                        | ASING, AND C | EMENTIN     | G RECORD     | )        |                      |                          |           |      |
| HOLE SIZE  | CASING & TUBING                   | G SIZE       | (           | DEPTH SE     | <b>T</b> | SA                   | CKS CEMEN                | T         |      |
| 12-1/4   | 9-5/8                             |              |             | 169.69       |          | 95 ch 80             | Class B                  | _         |      |
| 8-3/4  | 7                                 |              | 38          | 898.31       | 960cs    | 4 <del>00 50 .</del> | <del>50, 200 c</del>     | lass E    | 3    |
| 6-1/4  | 4-1/2                             |              | 4:          | 362.00       |          |                      | stress ,                 |           |      |
| Tubing   | 2-3/8                             |              | 4:          | 200          |          | <del></del>          | <u> </u>                 | <u> </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 allowable for this depth or be for full 24 hours)

| Date First New Oil Run To Tanks | Date of Teet    | Producing Method (Flow, pump, gas lift, etc.) |            |  |
|---------------------------------|-----------------|---|------------|--|
| 11-24-84                        | 12/2/84         | Plunger Lift                                  |            |  |
| Langth of Toot                  | Tubing Pressure | Casing Pressure                               | Cheke Size |  |
| 24 hrs.                         | 85              |   | 3/4        |  |
| Actual Pred. During Test        | OII - Bbis.     | Water - Bhis.                                 | Gas-MCF    |  |
|                                 | 10              | .3  | 90         |  |

GAS WELL

| Actual Prod. Tool-MCF/D          | Length of Teet            | Bhis. Condensete/MMCF     | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Testing Method (pitet, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |