

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.I.R.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	7
PRODUCTION OFFICE	

Operator <b>NOEL REYNOLDS</b>	
Address <b>Box 356 FLORA VISTA, NEW MEX. 87415</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner **ELLSBERRY AND KREATSCHMAN**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>E K 9</b>	Well No. <b>9</b>	Pool Name, including Formation <b>S. SAN LUIS, MESAVERDE</b>	Kind of Lease State, Federal or Fee <b>FED. S.F.</b>	Lease No. <b>081171A</b>
Location Unit Letter <b>H</b> ; <b>1301</b> Feet From The <b>N</b> Line and <b>824</b> Feet From The <b>E L</b> . Line of Section <b>33</b> Township <b>18N</b> Range <b>3W</b> , NMPM, <b>SANDOVAL</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>THRIFTWAY</b>	<b>FARMINGTON, N.M. 87401</b>					
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

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

## IV. 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 <b>10-9-65</b>	Date Compl. Ready to Prod.	Total Depth <b>550'</b>		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <b>6 1/4"</b>	CASING & TUBING SIZE <b>2 7/8"</b>	DEPTH SET <b>400'</b>		SACKS CEMENT <b>Circulated</b>					

V. 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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	

## I. 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.**Noel Reynolds**  
(Signature)**Operator**  
(Title)**3-10-80**  
(Date)

## OIL CONSERVATION DIVISION

APR 4 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Original Signed by FRANK T. CHAVEZ**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 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 allow-  
able 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