

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Soroco, Inc.</u>		Well API No. <u>30-03905-277</u>
Address <u>P.O. Box 27</u> <u>Bloomfield, New Mexico</u> <u>87413</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Name Change Only <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>Doyle E. Baxter</u> <u>P.O. Box 27</u> <u>Bloomfield, N.M.</u> <u>87413</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Zanotti</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Lybrook Gallup</u>	Kind of Lease State Federal or State	Lease No. <u>ST-080107</u>
Location Unit Letter <u>C</u> : <u>560</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>34</u> Township <u>24N</u> Range <u>7W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Gary-Williams Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>370 17th. St. Suite 5300 Denver, CO. 80202</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>34</u> Twp. <u>24N</u> Rge. <u>7W</u>	Is gas actually connected? <u>No</u>	When? <u></u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>No</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, 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			

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 Tank	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

VI. OPERATOR 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.

Doyle E. Baxter
Signature
Doyle E. Baxter Vice-President
Printed Name
11/16/1993 632-8387
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved Original Signed by FRANK T. CHAVEZ
By SUPERVISOR DISTRICT I & II
Title NOV 17 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.