

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

If change of ownership give name
and address of previous owner _____

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Love	2	Escrito Gallup	State, Federal or FeeFederal	SF078563
Location				
Unit Letter <u>L</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>24N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

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)	
Inland Corporation Cameron Pipelines, Inc.					Box 1528, Farmington, New Mexico 1002 West Center Ave, Denver, Colorado	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When	
	L	23	24N	7W	Yes 6-11-61	

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, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations							Depth Casing Shoe		

[illegible]

(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

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

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Vice President

(Title)

11-22-66

(Date)

OIL CONSERVATION COMMISSION

NOV 23 1966

APPROVED _____, 19____

BY James C. Chase

TITLE ✓ SUPERVISOR DIST. #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 allowance 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.