

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF SERVICE RECEIVED	
DISTRIBUTION	
DATE	
U.S.	
OFFICE	
REPORTER	OIL
	GAS
LOCATION	
LOCATION OFFICE	
Other	

Jet Gas Co. Inc.

Box 261 B Aztec, N.M. 87410

ion(s) for filing (Check proper box) ☐ Well ☐ Completion ☒ Change in Ownership

Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain) change of operator

Change of ownership give name and address of previous owner Minel, Inc. 319 7th St. Albuquerque, N.M.

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>PPC</u>	<u>11</u>	<u>Tapacito P.C.</u>	State, <input checked="" type="checkbox"/> Federal or Fee	<u>SF0805659</u>
Location				
North Letter <u>D</u>	<u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>			
Line of Section <u>7</u>	Township <u>25N</u>	Range <u>3W</u>	NMPM, <u>Rio Arriba</u>	County

## SIGNATURE 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)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>1 Paso Natural Gas Co</u>	
Unit produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

Is production 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.
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Corrections					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Time of Test	Tubing Pressure	Casing Pressure
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.

## WELL

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

## 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.

Demetrius G. Forst  
(Signature)  
Agent  
(Title)  
7/10/81  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 10 1981  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 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.