

Corrected

B.R.!

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| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | 2 |
| PRORATION OFFICE | | |

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API 30-039-21548

I. OPERATOR
T. H. McElvain Oil & Gas Properties
Address
P. O. Box 2148, Santa Fe, New Mexico 87501
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller "B" Well No. 6 Pool Name, Including Formation ~~Basin~~ Dakota Kind of Lease Federal Lease No. SF078584
Location G 1460 Feet From The North Line and 2235 Feet From The East
Unit Letter Line of Section 12 Township 24N Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc. P.O. Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 G Sec. 12 Twp. 24N Rge. 7W Is gas actually connected? No 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) | X | Oil Well | X | Gas Well | X | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | 7-5-78 | Date Compl. Ready to Prod. | 11-14-78 | Total Depth | 7000 KB | P.B.T.D. | 6911 KB | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | 6806 GR 6819 KB | Name of Producing Formation | Dakota | Top Oil/Gas Pay | 6714 KB | Tubing Depth | 6857 KB | | | | |
| Perforations | 6714, 15, 56, 80, 82, 84, 88, 89, 98, 99, 6828, 30, 32, 33, 55, 56, 57, 64, 65, 66, 67, 68, 69, 84, 86, 88 w/1 SNF | Depth Casing Shoe | 6999 | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | | | | |
| 12-1/4" | 8-5/8" - 24# | 313 KB | 250 sks | | | | | | | | |
| 7-7/8" | 4-1/2", 10.5 - 11.6# | 6999 KB | 3043 sks. | | | | | | | | |

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)

OIL WELL
Date First New Oil Run To Tanks 11-14-78 Date of Test 11:00 a.m. 11-14-78 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours Tubing Pressure 0 Casing Pressure 200 psi Choke Size
Actual Prod. During Test 58 BBLS Oil - Bbls. 8 BNO Water - Bbls. 50 BLW Gas - MCF 10 (used for fuel)

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

VI. CERTIFICATE OF COMPLIANCE

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.

Engineer

11-16-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1979, 19

BY Original Signed by A. R. Hendrick

TITLE SUPERVISOR

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.