

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Bus Rx, Inc.</u>	
Address <u>P.O. Box 50325 50325, Tucson, AZ 85703</u>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain) <u>CON. DIV. DIST. 3</u>	

If change of ownership give name and address of previous owner Abe M. Kalaf and George Kalaf
P.O. Box 50325, Tucson, AZ 85703

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CIDO</u>	Well No. <u>2</u>	Pool Name, including Formation <u>E. Puerto Chiguito - Mancos</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM0137</u>
Location				
Unit Letter <u>A</u> : <u>475</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>E</u>				
Line of Section <u>16</u> Township <u>25 N</u> Range <u>1 E</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>GIANT Refining Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256, Farmington NM 87499</u>
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
	<u>A 16 25N 1E</u> <u>NO</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded <u>5/30/83</u>	Date Compl. Ready to Prod. <u>8/30/83</u>	Total Depth <u>2875</u>	P.B.T.D. <u>2500</u>
Elevations (DF, RKB, RT, GR, etc.) <u>7102 GR</u>	Name of Producing Formation <u>Mancos</u>	Top Oil/Gas Pay <u>2405</u>	Tubing Depth <u>2500</u>
Perforations <u>Open hole 1875-2500</u>			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>10"</u>	<u>100</u>	<u>59 cu. ft. CL B</u>
<u>9 7/8</u>	<u>7"</u>	<u>1875</u>	<u>192 cu. ft. BJ LITE, 59 cu. ft. CL</u>
<u>6 1/2</u>	<u>2 3/8</u>	<u>2500</u>	

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 <u>8/30/83</u>	Date of Test <u>10/26/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>BAILING</u>	
Length of Test <u>21 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>2.6 bbls</u>	Oil - Bbls. <u>2.6 bbls</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>TSTM</u>

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

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.

C. A. Oakley
Geologist (Signature)
7/3/85 (Title)
7/3/85 (Date)

92987 OIL CONSERVATION DIVISION
APPROVED SEP 29 1987
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 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 multiple