

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>NM&amp;O OPERATING COMPANY</b>		Well API No.
Address <b>23 WEST 4TH STREET, SKELLY BUILDING, SUITE 900, TULSA, OK 74103-5094</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <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		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>GAVILAN HOWARD</b>	Well No. <b>#1</b>	Pool Name, including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No.
Location				
Unit Letter <b>F</b>	: <b>1850</b>	Feet From The <b>NORTH</b>	Line and <b>1651</b>	Feet From The <b>WEST</b>
Section <b>23</b>	Township <b>25N</b>	Range <b>2W</b>	, <b>NMPM</b> , <b>RIO ARRIBA</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>GIANT REFINING COMPANY</b>	<b>P.O. Box 256, FARMINGTON, NM 87499</b>					
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)					
<b>EL PASO NATURAL GAS</b>	<b>P.O. Box 990, FARMINGTON, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<b>F</b>	<b>23</b>	<b>25N</b>	<b>2W</b>	<b>YES</b>	<b>3-7-85</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **NO**

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<b>X</b>				<b>X</b>		<b>X</b>
Date Spudded <b>10-10-83</b>	Date Compl. Ready to Prod. <b>5-1-91</b>	Total Depth <b>8,020</b>	P.B.T.D. <b>6,350</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7282 GR</b>	Name of Producing Formation <b>BLANCO MESAVERDE</b>	Top Oil/Gas Pay <b>5395</b>	Tubing Depth <b>6000'</b>					
Perforations <b>5395-5494</b>		Depth Casing Shoe <b>8,011</b>						

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8</b>	<b>214</b>	<b>290,340 FT<sup>3</sup></b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>8011</b>	<b>1400, 2732 FT<sup>3</sup></b>
	<b>2 3/8</b>	<b>6000'</b>	

#### 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.)	
		<b>DEEP</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<b>10 1/2 - 1091</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<b>0.00</b>

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>640</b>	<b>168 HOURS</b>	<b>35</b>	<b>46</b>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>METER RUN</b>	<b>N/A</b>	<b>1300</b>	<b>N/A</b>

#### 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.

Signature  
**CHRIS PHILLIPS** VICE PRESIDENT  
Printed Name  
**NOVEMBER 6, 1991** (918) 584-3802  
Date  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved **NOV 12 1991**

By **Original Signed by FRANK T. CHAVEZ**

Title **NOVED, DISTRICT # 3**

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.