

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED  
SEP 23 1985  
OIL CON. DIV.  
DIST. 3

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	
Operator	

CURTIS J. LITTLE

Address  
P. O. Box 1258, Farmington, Nm 87499

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

API 30-039-23768

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name SALAZAR	Well No. 12	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Fee FederalSF	Lease No. 080136
Location Unit: Letter <u>A</u> : <u>515</u> Feet From The <u>North</u> Line and <u>875</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>25N</u> Range <u>6W</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"/>	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)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		NO
		When
		Soon

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-12-85	Date Compl. Ready to Prod. 9-16-85		Total Depth 3335		P.B.T.D. 3288			
Elevations (D <sub>1</sub> , RT, GR, etc.) 6326 KB	Name of Producing Formation Chacra		Top Oil/Gas Pay 3144		Tubing Depth 3220			
Perforations 3144,53,57,59,61,68,76,78,90,93,99, 3207,19,27 (14 shots)0.33dia					Depth Casing Shoe 3321 GL			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	127	60sx w/2%CaCl (71CF)
6 3/4	4 1/2	3321 GL	280sx (434CF) 65-35 poz
		w/6% gel, 1/2#	Hiseal, 140sx (175CF)
		65-35 poz w/2% gel	All Circulated.

## 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	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

## GAS WELL

Actual Prod. Test - MCF/D 511	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) 11 days SI - 722	Casing Pressure (shut-in) n/a	Choke Size 3/4"

## 1. 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.



AGENT

(Title)

9-19-85

(Date)

## OIL CONSERVATION DIVISION

SEP 23 1985

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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.

OIL CONSERVATION DIVISION  
P. O. BOX 2408  
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DIST. 3

CURTIS J. LITTLE

Address  
P. O. Box 1258, Farmington, Nm 87499

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

API 30-039-23768

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SALAZAR	Well No. 12	Pool Name, including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080136
Location				
Unit Letter A	: 515	Feet From The North	Line and 875	Feet From The East
Line of Section 21	Township 25N	Range 6W	NMPM, Rio Arriba County	

II. DESIGNATION 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)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	NO Soon

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'
		X	X					
Date Spudded 8-12-85	Date Compl. Ready to Prod. 9-16-85	Total Depth 3335	P.B.T.D. 3288					
Elevations (D <sub>1</sub> , RT, GR, etc.) 6326 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2304	Tubing Depth 3220					
Perforations 2304-18, 2322-32, 2344-48 (17 shots 24" apart 0.33 dia.)			Depth Casing Shoe 3321 GL					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8	127	60sx w/2%CaCl (71CF)					
6 3/4	4 1/2	3321 GL	280sx (434CF) 65-35 pc					
			w/6% gel, 1/4# Hiseal, 140sx (175CF)					
			65-35 poz w/2% gel All Circulated.					

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)

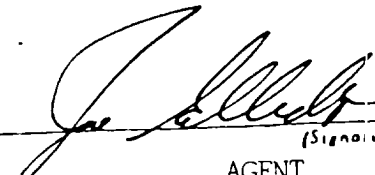
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 668	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) n/a	Casing Pressure (shut-in) 12 days SI- 671	Choke Size 3/4

1. 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)  
AGENT  
(Title)  
9-19-85  
(Date)

OIL CONSERVATION DIVISION

SEP 23 1985

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

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