

DISTRICT II
P.O. Drawer DD, Artesia, 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 National Cooperative Refinery Association, c/o Petrox Inc.	Well API No. 3003925099
Address 9307 County Road 28, Platteville, Colorado 80652-9121	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

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MAY 26 1992
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32	Well No. 1	Pool Name, Including Formation Gallup-Dakota, Conselors	Kind of Lease (State) Federal or Fee	Lease No. E-1207
Location Unit Letter N/A K : 1375 Feet From The West Line and 1615 Feet From The South Line Section 32 Township 24 Range 6, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Giant Refining Company Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) 23733 N. Scottsdale Road, Scottsdale, Arizona 85251	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Bannon Energy Inc.	Address (Give address to which approved copy of this form is to be sent) 3934 FM 1960 West, Suite 240, Houston, Texas 77068-3559	
If well produces oil or liquids, give location of tanks.	Unit 32	Sec. 24
	Twp. 6	Rge. 6
	Is gas actually connected? No	When? 6-1-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-11-91	Date Compl. Ready to Prod. 4-22-92		Total Depth 6875		P.B.T.D. 6711			
Elevations (DF, RKB, RT, GR, etc.) RKB 7655 GL	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 5777		Tubing Depth 6672-6640			
Perforations Gallup 5777-5782, Dakota 6763-73, 6635-48 and 6597-6607					Depth Casing Shoe 6872			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 295		SACKS CEMENT 220 Class B			
7 7/8	5 1/2		6872		575 50/50 POZ			
	2 7/8		6672					

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 4-22-92	Date of Test 4-23-92	Producing Method (Flow, pump, gas lift, etc.) Flow pump	
Length of Test 8 hours	Tubing Pressure 50	Casing Pressure 600	Choke Size Open
Actual Prod. During Test 82	Oil - Bbls. 82	Water - Bbls. 0	Gas - MCF 50

GAS WELL 160

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

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 Mike Clark
Printed Name Mike Clark
Date 4-28-92
Title 303-785-6113
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN - 8 1992
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. 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.