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E.O. Drawer DD, Anena, NM 88210

1000 Rep Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-164 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

									API No. -045-27343				
Address	inaton	NIN O	720	2									
P.O. Box 420, Farm Reason(s) for Filing (Check proper box)	mgton,	IA IAI O	7499	<del>,</del>		Aher (Please exp	olain)						
New Well	Change in Transporter of:						Effective 5-1-90						
Recompletion	Oil X Dry Gas Casinghead Gas Condensate												
If change of operator give name	CALII GIRA		, C06										
and address of previous operator									· · · · · · · · · · · · · · · · · · ·				
L. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Include the Name   Well No.   Pool Name   Na						Jac Employ							
Oktoberfest Com					sti Gallup Ext.			Kind of Lease Lease No. State, Federal or Fee LG-9804					
Location L Unit Letter	: 1980 South Line and 990 Feet From The								From The	Wes	t Line		
Section 36 Township 24N Range				10W	DW NMPM San Juan				County				
II. DESIGNATION OF TRAN	SPORTE			ND NATU		<del></del>							
Name of Ainborized Transporter of Oil XX or Condensate						Address (Give address to which approved copy of this form is to be sent)							
Giant Refining Inc.  Name of Authorized Transporter of Casanghead Gas XX or Dry Gas					P.O. Box 256, Farminaton, NM 87499   Address (Give address to which approved copy of this form is to be sent)								
Dugan Production Core			·	P.O. Box 420, Farmingto				on, NM 87499					
f well produces oil or liquids, ive location of tanks.	Unit	<b>Sec.</b> 36	14p 24N	Rge  10W	Yes   Ves   Ves				10-89				
this production is commingled with that V. COMPLETION DATA	from any othe	er icase or	pooi, g	ive comming	ing order nur	nber.					· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	- (X)	Oil Well		Cas Well	New Well	Workover	Deeper	n   1	Plug Back	Same Res'v	Diff Res'v		
Date Spadded	Date Comp	L. Ready to	Prod.		Total Depth	1	.1	i F	P.B.T.D.	I			
Jevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
enorations						Depth Casing Snoe					<del></del>		
		IDDIC	C 4 C	DIC ()	CE) CE)	NG DECOD							
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
				<i>DET 11.</i> 021				J G G G G G G G G G G G G G G G G G G G					
	!				<u> </u>			!					
	<u> </u>				<u> </u>		<del></del>						
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE										
IL WELL (Test must be after re	····		of load	oil and must	<u>-</u>		<u>-</u>		<del></del>	or full 24 hou	rs.)		
ate First New Oil Run To Tank	Date of Test				Procucing M	lethod (Flow, pu	omp, gas iyi	i, eic.)	-				
mgth of Test	Tubing Pressure				Casing Pressure				PEREIVEII				
mual Prod. During Test	rod. During Tes. Oil - Bbls.					Water - Bbis.				APR2 7 1990			
AS WELL										IN DE	· · · · · · · · · · · · · · · · · · ·		
mial Prod. Test - MCF/D	Length of Test				Bbir Condencare/MMCF				Gravity of Consecutive				
ning Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Frees	ure (Sout-in)		a	noke Size	The same same	•			
L OPERATOR CERTIFICATE OF COMPLIANCE  I berreby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved APR 2 7 1990								
In h James					7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
fim L. Jacobs Geologist					SUPERVISOR DISTRICT #3								
Finited Name Table 4-26-90 325-1821					Title						# <b>3</b>		
Tale		Telep	hone N	<b>10</b> .							·		

## 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. The Rena Collection of the filed for each pool in multiply is in deceded by