

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Coleman Oil and Gas, Inc.		Well API No. 30-045-27498
Address P.O. Drawer 3337 Farmington, NM 87499		
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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II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 2	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM 54366
Location Unit Letter <u>N</u> : 2310 Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line Section <u>22</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Coleman Oil and Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 208 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When? <u>12-11-89</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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-19-89	Date Compl. Ready to Prod. 12-7-89		Total Depth 5600'		P.B.T.D. 5556'			
Elevations (DF, RKB, RT, GR, etc.) 6827' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5298'		Tubing Depth 5494'			
Perforations 5298-5308', 5330-36', 5416-26', 5462-66', 5478-86' and 5502-21'					Depth Casing Shoe 5600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8", 24# J-55		220'		155 sks cl B			
7-7/8	4-1/2", 10.5# J-55		5600'		909 SKS 65:35 POZ			
	2-3/8", 4.7# J-55		5494'		100 sks cl B (2 stages)			

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 12-11-89	Date of Test 12-12-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 70 psi	Casing Pressure 70 psi	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 20 (LW)	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 L.O. Van Ryan

Agent

Printed Name

Title

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 07 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR 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.