

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Curtis J. LittleAddress P. O. Box 2487  
Farmington NM 87499

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar	Well No. 6	Pool Name, Including Formation Ballard-Pictured Cliffs	Kind of Lease Federal State, Federal or Fee	Lease No. SF-080136
Location Unit Letter <u>G</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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 4289, Farmington NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					no	soon

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

## III. 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 10-2-82	Date Compl. Ready to Prod. 10-22-82	Total Depth 2325 2315' GR	P.B.T.D. 2312' GR					
Elevations (D), RT, GR, etc. 6365' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2164' GR	Tubing Depth none					
Perforations 2164-70, 2177, 80, 82, 2194-2206, 16-32, 44-52 24" apart, 28 holes	Depth Casing Shoe 2325							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	112' GR	15 sx (77 cf)
6-1/4"	2-7/8"	2325	350 pcz & 50 sx neat (690 cf)

## 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 2508	Length of Test 3 hrs	Bbls. Condensate/MMCF none	Gravity of Condensate -
Testing Method (pilot, back pr.) bk pr	Tubing Pressure (Shut-in) tubingless	Casing Pressure (Shut-in) 7-day: 614 psi	Choke Size 3/4

## 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.

Curtis J. Little  
(Signature)  
Operator  
(Title)  
11-5-82  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 9 1982

BY Original Signed by [Signature]

TITLE SUPERVISOR DISTRICT # 3

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.