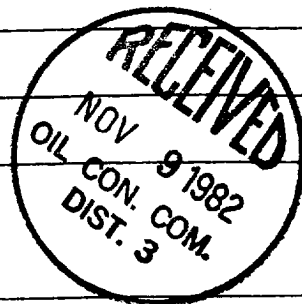


## OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS


|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>REASON(S) FOR FILING (Check proper box)</b><br>New Well <input checked="" type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Ownership <input type="checkbox"/>   |  | <b>Other (Please explain)</b><br> |  |
| <b>Reason(s) for filing (Check proper box)</b><br>Change in Transporter of:<br>Oil <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/><br>Dry Gas <input type="checkbox"/><br>Condensate <input type="checkbox"/> |  |                                   |  |

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|  |                      |   |  |                               |
|--|----------------------|---|--|-------------------------------|
| <b>Lease Name</b><br>Salazar   | <b>Well No.</b><br>7 | <b>Pool Name, including Formation</b><br>Ballard-Pictured Cliffs Eyt. | <b>Kind of Lease</b><br>Federal<br>State, Federal or Fee | <b>Lease No.</b><br>SF-080136 |
| <b>Location</b><br>Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1670</u> Feet From The <u>East</u><br>Line of Section <u>27</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County |                      |   |  |                               |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| <b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input type="checkbox"/><br>   | <b>Address (Give address to which approved copy of this form is to be sent)</b><br>                                    |
| <b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | <b>Address (Give address to which approved copy of this form is to be sent)</b><br>P. O.. Box 4289 Farmington NM 87499 |
| <b>If well produces oil or liquids, give location of tanks.</b><br>  | <b>Is gas actually connected?</b> <u>no</u> <b>When</b> <u>soon</u>  |

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

## IV. COMPLETION DATA

|   |   |
|---|---|
| <b>Designate Type of Completion - (X)</b><br>   | <b>Oil Well</b> <input type="checkbox"/> <b>Gas Well</b> <input checked="" type="checkbox"/> <b>New Well</b> <input checked="" type="checkbox"/> <b>Workover</b> <input type="checkbox"/> <b>Deepen</b> <input type="checkbox"/> <b>Plug Back</b> <input type="checkbox"/> <b>Same Res'v.</b> <input type="checkbox"/> <b>Diff. Res'v.</b> <input type="checkbox"/> |
| <b>Date Spudded</b><br>10-6-82  | <b>Date Compl. Ready to Prod.</b><br>10-22-82   |
| <b>Elevations (DT, RT, GR, etc.)</b><br>6359'GR   | <b>Name of Producing Formation</b><br>Pictured Cliffs   |
| <b>Perforations</b><br>2181, 83, 94, 96, 2201-11, 16-24, 38-42, 46-56, 70-76, 24" apart, 28 holes | <b>Top Oil/Gas Pay</b><br>2181  |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>   |   |
| <b>HOLE SIZE</b><br>9-7/8"<br>6-1/4"  | <b>CASING &amp; TUBING SIZE</b><br>7"<br>2-7/8"   |
| <b>DEPTH SET</b><br>127'GR<br>2322'GR   |   |
| <b>SACKS CEMENT</b><br>65 sx (77 cf)<br>300 sx poz & 50 sx neat (590 cf)                          |   |

## 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)

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

## GAS WELL

|  |  |   |                                  |
|--|--|---|----------------------------------|
| <b>Actual Prod. Test - MCF/D</b><br>400            | <b>Length of Test</b><br>3 hrs.                | <b>Bbls. Condensate/MMCF</b><br>none              | <b>Gravity of Condensate</b><br> |
| <b>Testing Method (piston, back pr.)</b><br>bk pr. | <b>Tubing Pressure (Shut-in)</b><br>tubingless | <b>Casing Pressure (Shut-in)</b><br>7-day 708 psi | <b>Choke Size</b><br>3/4         |

## VI. 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  
 Operator  
 Nov. 5, 1982

## OIL CONSERVATION DIVISION

NOV 9 1982

APPROVED  
Original Signed by  
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 filled for each pool in multiple completed wells.