

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

APR 10 1985

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOIL CON. DIV.  
DIST. 3Operator  
Curtis J. Little  
Address  
P.O. Box 1258  
Farmington, NM 87499Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
THIS 30-DAY TEMPORARY ALLOWABLE IS FOR COMPLETION OF WELL.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Warren <i>Federal</i>	Well No. 3E	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. SF079139A
Location Unit Letter <u>H</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156 Phoenix Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>26</u> Twp. <u>25N</u> Rge. <u>6W</u> Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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

## 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 12/19/84	Date Compl. Ready to Prod. 1-16-85	Total Depth 7168	P.B.T.D. 7126					
Elevations (DT, RT, GR, etc.) 6632' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6807	Tubing Depth 6934					
Perforations 6807, 12, 14, 18, 22, 24, 28, 32, 34, 47, 50, 54, 58, 6862 (15 holes)			Depth Casing Shoe 7168					
6888, 90, 92, 94, 96, 98, 6900, 04, 06, 20, 22, 30, 32, 34, 36, 38, 40 (17 holes)								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	225 <del>xx</del>	165 sx. Class B
7 7/8"	5 1/2"	7168 <del>xx</del>	430 sx. 50/50 Poz &
	1-1/2"	6934 <del>xx</del>	637 sx. lite & 75 sx. Class B

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 900	Length of Test 24 hrs.	Bbls. Condensate/MMCF 10	Gravity of Condensate est. 40
Testing Method (pilot, back pr.) Back Pkr	Tubing Pressure (shut-in) 1500	Casing Pressure (shut-in) 1600	Choke Size 64/64

## 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)  
(Title)  
(Date) 1985

## OIL CONSERVATION DIVISION

APR 10 1985

APPROVED *Original Signed By FRANK T. CHAVEZ*

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 filed for each pool in multiply completed wells.