

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF APPROVED DEPOSITS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

Operator

Curtis J. Little

Address P. O. Box 1258

Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	Federal	Lease No.
Warren Federal	3E	Basin Dakota	State, Federal or Fee	SF	079139A
Location					
Unit Letter	H	: 1750 Feet From The	North	Line and	790 Feet From The
Line of Section	26	Township	25N	Range	6W
				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"/>	Address (Give address to which approved copy of this form is to be sent)		
Giant Refining Company				P. O. Box 9156 Phoenix, Arizona 85068		
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 1492 El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	26	25N	6W	No	As soon as possible

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/19/84	1/16/85	7163	7126					
Elevations (D, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6632' GR	Basin Dakota	6807	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 KB	165 sx. Class B					
7 7/8"	5 1/2"	7168 KB	430 sx. 50/50 Poz &					
	1-1/2"	6934 KB	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)

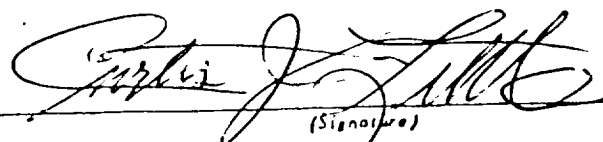
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
200	24 hrs.	1	est. 40
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pkr	1191	Packer	1"

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)
Operator
(Title)
May 14, 1985
(Date)

OIL CONSERVATION DIVISION

MAY 14 1985

APPROVED

BY

Original Signed by FRANK T. CHAVEZ
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 allow-
able 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.