TRANSPORTER GAL	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Operator OPPICK		***	
	lopment Company		
P.O. Box 2	810, Farmington, New Mex	cico 87401	
Freson(s) for tiling () ret proces to	*/	Other Heare ex	plain)
Now Well	Change in Transporter of:	Well Name	changed from GI-19 to CBU # 7
Recompletion	OII DIYC	Par	
Change in Ownership	Casinghead Gas Cond	erisote	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including		nd of Lease No.
СВИ	71 Bisti Lower	Gallup	14-20-603-1228
Location			
Unit Letter P: 33	O Feet From The South Li	In• and <u>990</u> F	eet From The east
(S	waship 25 North Range]	2 West , NMPM,	San Juan County
Line of Section 9 To	Anamy ZO MOLCH NOW 1	2 West Prairie	Jan Juan County
	TER OF OIL AND NATURAL G.		
Name of Authorized Transporter of Cl.	or Condensate	· ·	hich approved copy of this form is to be sent)
Shell Oil		P.O. Box 2648, Ho	iston, Texas 77001 Nich approved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to wi	nich approved copy of this form is to be sent)
and the second s	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	C 5 25N 12W	no	1
If this production is commingled wi	th that from any other lease or pool,	give commingling order nur	nber:
COMPLETION DATA			
Designate Type of Completion	OII Well Gas Well	New Well Workover E	Peepen Plug Back Same Restv. Diff. Rest
Designate Type of Completi			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	t
12-5-55	2-14-56 Name of Producing Formation	4880¹ Top Oil/Gas Pay	4846 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 6208 GLE	Lower Gallup	4730'	, as a second se
Perforations	lower darrup	1 4750	Depth Casing Shoe
•	96', 4806'-15', 4821'-36	5†	
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10-3/4"	205'	225
	7''	4880'	200'
		 	
		1	
TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	load oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)
5-24-81	5-24-81	flowing interm	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
3 hours	161 psig	178 psig	Con-VCF
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF TCTM
16 BO	0.5 BOPD	<u></u>	TSTM
CACHETT	125		
GAS WELL Actual Frod. Teet-MCF/D	Length of Test	EDIE COMPONICE	Gravity of Condensate
Testing Method (pirot, back pr.)	Tubing Pressure (shut-14) JUN	Cosing Piessus (shat-in)	Choke Size
		per 2 17 7 1	•

OIL COM. COM.

. CERTIFICATE OF COMPLIANCE

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I hereby certify that the rules and regulations of the Olf Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

ldrich L. Kuchera - Petroleum Engineer (Yale)

June 8, 1981 (Date)

ST. 3 D APPROVED

BY.

OIL CONSERVATION DIVISION JUN 101981

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3 TITLE __

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or despense

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 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.

Beparate Forms C-104 must be fited for each pool in multiply completed wells.