## L CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DISTRIBUTI	OM				
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FILE			1		
D. b. C. S.		ļ			
LAND OFFICE		l			
TRANSPORTER	DIL				
	DAS	<u> </u>	Ш		
OPENATOR					AUTHORI
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LAND OFFICE  TRANSPORTER OIL OAS		OR ALLOWABLE AND	205016	
OPERATOR PAGNATION OFFICE  Operator	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS	307	
Southern Union Explo	oration			
Address				
P.O. Box 2179 Farm	ington, NM 87499	Other (Please com)n)	CEIVEIN	
ilew Well X	Change in Transporter of:			
Recompletion	OII Dry G	Gas 🔲	IIIN 1 7198 <b>3</b>	
Change in Ownership	Castnghead Gas Cond	ensate		
If change of ownership give name and address of previous owner		, 1	CON. DIV.	
DESCRIPTION OF WELL AND	LEASE   Well No.   Fool Name, Including	Formation   Kind of Lea	-	
Lease Name South Bisti	l Bisti/Ga	ver la	Legge No. NM-33027	
Location	i BISLINGA	TTUP		
Unit Letter P : 66	60° Feet From The South Li	ine and 660° Feet From	The East	
Line of Section 3 Tov	wnship 25N Range	13W , NMPM,	San Juan County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of Oil		Address (Give address to which appr	oved copy of this form is to be sent)	
PER				
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
EP G	Unit Sec. Twp. Rge.	Is gas actually connected? W.	hen	
If well produces oil or liquids, give location of tanks.	January 1 April 1 Apri	in the section of the		
If this production is commingled wit COMPLETION DATA				
Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.	
5/17/82	6/13/83	5050° 5044	5004 '	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
GL 6291'	Gallup	4937	4948'	
Perforations			Depth Casing Shoe 5044 *	
4937' to 4947'		D CEMENTING RECORD	] 3044	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12½"	8 5/8" J-55, 32#	337 '	277 cuft	
7 7/8"			1154 cuft	
	2 7/8" J-55, 6.5#	4948'	<u> </u>	
	<u> </u>			
TEST DATA AND REQUEST FO		after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas I	lift, etc.)	
6/13/83	6/16/83	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	62 psig	Packer	20/64 Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	<u>i</u> .	
304 bb1s	304/24 hours	None	147 MCFD	
OAR WELL				
GAS WELL Actual Prod. Tool-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		OIL CONSERVA	TION DIVISION	
CERTIFICATE OF COMPLIANC	, <b>L</b>	<u> </u>		
hereby certify that the rules and ru	egulations of the Oil Conservation	APPROVED JUN 1	<del>983</del>	

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

•	0		
C.R. 9	Vaan	el	
		(Signature)	
Tester	0		
		(Title)	
6/16/83			

(Dote)

APPR	OVED JUN	17-198	<del>/3</del>	, 19	
BY	Children Street				
TITLE	SUPERVISON	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.