

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator McKenzie Methane Corporation		Well API No. 30-045-06539	
Address 1911 Main #255 Durango, CO 81301			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.M Morris	Well No. 5	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF-077329
Location				
Unit Letter <u>H</u> : <u>1622'</u> Feet From The <u>N</u> Line and <u>908'</u> Feet From The <u>E</u> Line				
Section <u>15</u> Township <u>27N</u> Range <u>10W</u> : NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas 130 0430					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					yes	8/1/90

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

IV. 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		X
Date Spudded 3/16/52	Date Compl. Ready to Prod. 8/03/90 (recompleted)		Total Depth 2302			P.B.T.D. 2186			
Elevations (DF, RKB, RT, GR, etc.) 6348 GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 1948'			Tubing Depth 2111'			
Perforations 1948-50, 58-62, 2002-06, 32-52, 58-63, 2140-44, 2169-85						Depth Casing Shoe 2202'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
unknown	8 5/8", 38#		110'			90 sx			
unknown	5 1/2", 15.5#		2202'			150 sx			
n/a	2 3/8" tubing		2111'			n/a			

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.)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MIN	Gravity of Condensate
377	24 hours	0	n/a
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
2" flow prover	225 psig	225 psig	1/2" orifice

VI. OPERATOR 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 _____
Robert J. Sagle Operations Manager
Printed Name _____ Title _____
Date 10-17-90 Telephone No. 303-385-4654

OIL CONSERVATION DIVISION

OCT 25 1990

Date Approved

By

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.