

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

Operator R & G Drilling Company      C/O KM Production Company		Well API No. 30-045-06619
Address PO Box 2406, Farmington, NM 87499		
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 Schlosser	Well No. 16	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078673
Location Unit Letter <u>P</u> : <u>1180</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>27N</u> Range <u>11W</u> , <u>NMPM</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? <u>NO</u>
		When ?

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 10-15-55	Date Compl. Ready to Prod. 10-27-92		Total Depth 2033		P.B.T.D. 1963			
Elevations (DF, RKB, RT, GR, etc.) 6215' RKB 6214	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1904		Tubing Depth 1955			
Perforations 1904-1916; 1944-1952					Depth Casing Shoe 2033			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 "	90	50 sx, 59 ft <sup>3</sup>
7 7/8"	5 1/2"	2033	200 sx, 236 ft <sup>3</sup>
	2 3/8	1955	

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 No Flow	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 205	Choke Size

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.

Kevin H. McCord  
Signature  
Kevin H. McCord  
Printed Name  
10-29-92  
Date  
Petroroleum Engineer  
Title  
(505) 325-6900  
Telephone No.

OIL CONSERVATION DIVISION

NOV - 6 1992

Date Approved

By Brian D. Chang

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.