NO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE		\Box	
FILE			سد
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	/	
OPERATOR			
PRORATION OF	ICE		

REQUEST FOR ALLOWABLE FILE U.S.G.S. LAND OFFICE U.S.G.S. LAND OFFICE OPERATOR I PAGRATION OFFICE OPERATOR PRORATION OFFICE OPERATOR I PRORATION OFFICE OPERATOR I PRORATION OFFICE OPERATOR I PRORATION OFFICE OPERATOR I Change in Transporter of: Change in Transporter of: Change in Ownership give name and address of previous owner. II Change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEAS. Lease Name Kutz F Federal Designation III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Costangheed Gas Name of Costangheed Transporter of Costangheed Gas Name of Costangheed Transporter of Costangheed Gas Name of Authorized Transporter of Costangheed Gas Name of Costangheed Transporter of Costangheed Gas Name of Authorized Transporter of Costangheed Gas Name of Costangh	Lease No.
U.S.G.5. LAND OFFICE	Lease No.
TRANSPORTER	Lease No.
PRORATION OFFICE PROPARED PROPAGE PROP	Lease No.
OPERATOR PORATION OFFICE Operator Sumset International Petroleum Corp. Address Box 107, Farmington, New Maxico Reason(s) for filing (Check proper box) New Well Change in Transporter of: Day Gas Recompletion Casinghead Gas Condensate Other (Please explain) Promotion Casinghead Gas Casi	Lease No.
PRORATION OFFICE Operator Sunset International Patroleum Corp.	Lease No.
Operator Sunset International Petroleum Corp.	Lease No.
Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Coil Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Exits F Foderal 2 Basin Bakets Location Unit Letter 1 Isl0 Feet From The North Line and 800 Feet From The East Location Unit Letter 2 Transporter of Cit AND NATURAL GAS Name of Authorized Transporter of Cit or Condensate Address to which approved copy of this form is to be Southern Unit address of Irigades, and the Southern Unit address to make approved copy of this form is to be Southern Unit address of City address to which approved copy of this form is to be Southern Unit address of Irigades, Irigades of Condensate Irigades of Casinghead Gas or Dry Gas Address (City address to which approved copy of this form is to be Southern Unit address of Irigades, Irigades of Casinghead Gas or Twp. Eag. Is gas actually connected Two Name (It well produces oil or liquids, give location of tarks.) If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X)	Lease No.
Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Coil Dry Gas Recompletion Condensate Recompletion Coil Dry Gas Recompletion Condensate Recompletion Coil Dry Gas Recompletion Condensate Recompletion Condensate Recompletion Condensate Recompletion Condensate Recompletion Condensate Recompletion Recomplet	Lease No.
Recompletion Change in Transporter of: Change in Transporter of: Condensate	Lease No.
New Well	Lease No.
Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Kuts F Federal 2 Basin Babata Location Unit Letter 1810 Feet From The North Line and 800 Feet From The Line and 800 Feet From The Line and 800 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be southern Union Sethering Co. If well produces oil or liquids, Junit Sec. Twp. Page. Is gas actually connected? When lift well produces oil or liquids, Junit Sec. Twp. Page. Is gas actually connected? When lift well produced oil or commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X) Designate Type of Completion — (X) Designate Type of Completion — (X)	Lease No.
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Kutz F Federal Location Unit Letter II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be southern Union Cathering Co. If well produces oil or liquids, give location of tarks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X) Designate Type of Completion — (X)	County
II. DESCRIPTION OF WELL AND LEASE Lease Name Kut3 Fodoral 2 Bas in Baketa State, Federal or Fee Location Unit Letter 1810 Feet From The North Line and 800 Feet From The Line of Section Township 27N Range 10V NMFM, San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit or Condensate Address (Give address to which approved copy of this form is to be Southern Union Gathering Co. Southern Union Gathering Co. Southern Union Gathering Co. If well produces oil or liquids, give location of tarks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resfy. Designate Type of Completion - (X) Designate Type of	County
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Kut2 Fodoral 2 Bas in Baketa State, Federal or Fee	County
Lease Name Kutz F Foderal Location Unit Letter N Line of Section Township 27N Range Range Low , NMFM, San Juan County Range Line of Section Township 27N Range Range	County
Lease Name Kutz F Foderal Location Unit Letter N Line of Section Township 27N Range Range Low , NMFM, San Juan County Range Line of Section Township 27N Range Range	County
Line of Section Township 27N Range Range Line of Section Township 27N Range Range Township 27N Range Township 27N Range Ran	
Unit Letter Note that Isla Peet From The Line and Range Feet From The Line and Line and Range Feet From The Line and Range Feet From	
Line of Section	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be southern Union Cathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resty. Designate Type of Completion — (X)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be southern Union Cathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resty. Designate Type of Completion — (X)	e sent!
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to the Southern Union Sathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resty.	e senti
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to the Southern Union Sathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resty.	o centi
Southern Union Sathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X)	e semi)
Southern Union Sathering Co. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X)	e sent)
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Restv.	•
give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Restv.	
V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Restr.	
V. COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Resty.	
Designate Type of Completion - (X)	. Diff. Res'v.
L D T D	1
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Date Spudged	
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME	NT
HOLE SIZE	
W. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc	reed top allow
able for this depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Craing Pressure Choke Size	
Length of Test Tubing Pressure Casing Pressure Choke Size	,
Actual Brod During Test Oil-Bbls. Water-Bbls. Gas-MCF	9
Actual Prod. During Test Oil-Bbls.	
	1.
GAS WELL Bbls. Condensate/MMCF Gravity of Condensate/	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Taking Mathod (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	
OIL CONSERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE SEP 1 1970	
11 = * N/U	
Commission have been complied with and that the introduction and halfer	
above is the sine compact of	
TITLE	
This form is to be filed in compliance with RULE	1104. Lor deenene
This form is to be fined in	
If this is a request for allowable for a newly drilled	
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.	(III Gevietion
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complete which wells.	ely for allow
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complete able on new and recompleted wells.	ely for allow
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complete able on new and recompleted wells.	ely for allow ges of owner of condition