

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator HOME PETROLEUM CORP.

Address 501 Airport Drive, Suite 114, Farmington, New Mexico 87401

Reasons for filing (Check proper box) ☒ New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒ ☐ Gas ☐ Condensate ☐ ☐ Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Home Federal 7-22-13</u>	Well No. <u>1</u>	Pool Name, including Formation <u>W&W Fruitland-Pictured Cliff</u>	Kind of Lease <u>State, Federal or Fee</u> <u>Federal</u>	Lease No. <u>NM 8409</u>
Location <u>Unit Letter E' 1490 Feet From The North Line and 800 Feet From The West</u>				
Line of Section <u>7</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> 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 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)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	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'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>5/17/79</u>	Date Compl. Ready to Prod. <u>7/16/79</u>	Total Depth <u>1410'</u>	P.B.T.D. <u>1378'</u>					
Elevations (G.F., R.A.B., A.T., G.R., etc.) <u>5959' GR</u>	Name of Producing Formation <u>Pictured Cliff</u>	Top Oil/Gas Pay <u>1268'</u>	Tubing Depth <u>1407'</u>					
Perforations <u>1268'-1274'</u>			Depth Casing Shoe					

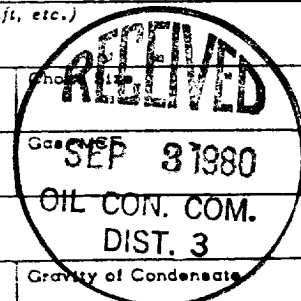
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 3/4"</u>	<u>7"</u>	<u>43'</u>	<u>35 sacks</u>
<u>5"</u>	<u>2 7/8"</u>	<u>1407'</u>	<u>165 sacks</u>

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D <u>22.5</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>220 psi</u>	Casing Pressure (Shut-in) <u>220 psi</u>	Choke Size <u>1"</u>

VI. CERTIFICATE OF COMPLIANCE

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

H. D. Hollingsworth
Drilling & Production Foreman
(Title)
August 29, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1980, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #4

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.