DISTRIBUTION				
SANTAFE	NEW MEXIC	O OIL CONSERVATION COM	MISSION Form C-10	,,
FILE	REC	REQUEST FOR ALLOWABLE		1 Old C-104 and C-1
U.S.G.S.	AUTUODITATION	AND	Effective	1-1-65
LAND OFFICE	AUTHORIZATION	TO TRANSPORT OIL AND	NATURAL GAS	
IRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
M.R. SCHALK	() (Good Co.		
Address	Norman 1	toll. Co.		
P O BOX 258		NEW MEXICO 8712	5	
Reason(s) for filing (Check proper b		Other (Pleas	explain)	
Recompletion	` —	Change in Transporter of:		
Change in Ownership	Casinghead Gas	Dry Gas Ondensate Condensate		
		Condensate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND				
SHIPP GAS COM	Well No. Pool Name, Inc.	-	Kind of Lease State, Federal or Fee COND	Lease No.
Location COM	1E BASIN D	AKUTA .	FEDERA	AL SF07810
Unit Letter A ; 7	90 Feet From The <u>NORT</u>	H Line and 1040	_ Feet From TheEAST	
Line of Section 1 T	ownship 27N Ran	ge 13W , NMPM	SAN JUAN	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURA	AL GAS		
Name of Authorized Transporter of O.			which approved copy of this form i	s to be sent)
PLATEAU INC.		P O BOX 262	1 ALBUQUERQUE NM	87125
Name of Authorized Transporter of Co		Address (Give address t	which approved copy of this form i	s to be sent)
EL PASO NATURAL (P O BOX 990	FARMINGTON NM 8	37401 ·
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P. A 1 27N	ge. Is gas actually connected 13W no	i? When	
If this production is commingled w COMPLETION DATA	ith that from any other lease or	pool, give commingling order	number:	
Designate Type of Completi	on (Y)	Well New Well Workover	Deepen Plug Back Same R	es'v. Diff. Res'v.
		<u> </u>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12/21/81	2/21/82	6100'		
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation DAVOTA	Top Oil/Gas Pay	Tubing Depth	
5760 GR	DAKOTA	.1	940' 5934' Depth Casing Shoe	
5940' 5955'	30 HOLES		6098'	İ
	TUBING, CASING	, AND CEMENTING RECORE		
HOLE SIZE	CASING & TUBING SIZE			MENT
12 1/4"	8 5/8" CASING	300'	300 SKS	
7 7/8"	4 1/2" CASING	6098'	385,580,58	n SKS
	2 7/8" TUBING	50741		
TEST DATA AND REQUEST F	<u> </u>	5934 1		
OIL WELL		his depth or be for full 24 hours)	of load oil and must be equal to or	exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	The state of the s
Actual Prod. During Test	Oil-Bbls.	Water - DVI-		
Actual Fied, During 1981		Water - Bbis.	Gas-MCF	
CAC WELT		-	.1	
GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Bbls. Condensate/MMCF	Complex of Condenses	
770	THREE HOURS	= : >= : darmattagta/WWC}	Gravity of Condensate	
Testing kiethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-1	Choke Size	
BACK PRESSURE	969	980	3/4"	
ERTIFICATE OF COMPLIANC	E		NSERVATION COMMISSIO	
		1 3.31-82	MULKAN HOM COMMISSIO	17

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.

> (Signature) AGENT

(Title) 3/12/82

STEVE SCHALK

APPROVED_ Original Signal by FRANK T. CHAVEZ

100 nemer 时間**3**

TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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.