

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
S.E.R.H., Inc.

Address  
c/o A. R. Kendrick, Box 516, Aztec, NM 87410

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Formerly Big Gap Pennsylvanian

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Nation 29	Well No. 3	Pool Name, including Formation Big Gap Organ Rock	Kind of Lease <del>XXX</del> Federal <del>XXX</del> Operating	Lease No. Agreement
Location Unit Letter <u>J</u> ; <u>2230</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>27N</u> Range <u>19W</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 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)
S.E.R.H., Inc.	Box 312, Otis, Kansas 67565
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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
Date Spudded 12/6/81	Date Compl. Ready to Prod. 11/30/87	Total Depth 5675	P.B.T.D. 3769					
Elevations (D <sub>h</sub> ? RT, GR, etc., 5799 GR 5814 KB	Name of Producing Formation Organ Rock	Top Oil/Gas Pay 3682	Tubing Depth 3710					
Perforations 3682-3700' and 3714-21' (25 0.31" jets @ 2 per foot)			Depth Casing Shoe 5670					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10 3/4"	8 5/8"	601'	350 sx. (413 CuFt)					
7 7/8"	4 1/2"	5670'	350 sx. (413 CuFt) Plus					
	2 3/8"	3710'	100 sx. (118 CuFt) @ 142					

## 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 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.  
DIST. 3

## GAS WELL INERT GAS

Actual Prod. Test - MCF/D 108	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1360	Casing Pressure (shut-in) 1360	Choke Size 7/32"

## VI. 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.

AR Kendrick  
(Signature)

Agent

(Title)

12/3/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED

DEC 04 1987

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 3

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.