

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Alex N Campbell

Address
136½ North Larchmont Blvd, Suite A, Los Angeles, CA 90004

Reason(s) for filing (Check proper box)

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

DEC 12 1984

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tonkin Federal	Well No. #1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 02691
Location Unit Letter <u>H</u> : <u>1450'</u> Feet From The <u>North</u> Line and <u>790'</u> Feet From The <u>East</u>				
Line of Section <u>23</u> Township <u>27 North</u> Range <u>12 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P.O. Box 1702, Farmington, NM 87499
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 Co.	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>23</u> Twp. <u>27N</u> Rge. <u>12W</u>	No ASAP

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Karen H. M902
(Signature)
AGENT
(Title)
12-4-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 12 1984, 19
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.

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 10-2-84	Date Compl. Ready to Prod. 11-17-84		Total Depth 6265'			P.B.T.D. 6116			
Elevations (DF, RKB, RT, GR, etc.) 5976 GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 6095'			Tubing Depth 6126'			
Perforations 6095' - 6174'						Depth Casing Shoe 6264'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8-5/8"		255		150 sx Class B w/2% CACI			
7-7/8"		4 1/2"		6264		400 sx 50-50 pozmix 2%gc			
						650 sx Class B			
		1 1/2"		6126					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Choke Size
Actual Prod. During Test	Oil - Bbls. 8.3	Water - Bbls. none	Gas - MCF 120

GAS WELL

Actual Prod. Test-MCF/D 120 904	Length of Test 3 hrs	Bbls. Condensate/MMCF 8.3	Gravity of Condensate 60 approx.
Testing Method (plot, back pr.) back pressure	Tubing Pressure (Shut-in) 1710	Casing Pressure (Shut-in) 1726	Choke Size