

3050/N

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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

JAN 13 1986
OIL CONSERVATION COMMISSION
DIST. 3

I. Operator
Dietrich Resources Corp.

Address
410 17th Street, Suite #2450, Denver, CO 80202

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 27	Well No. 9	Pool Name, including Formation Gallinas Shallow Bisti Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33043
Location Unit Letter <u>L</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>27</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (L 9 / 1 / 86)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dietrich Gathering System	Address (Give address to which approved copy of this form is to be sent) P.O. Box 190, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 27	Rge. 13
	Is gas actually connected?		When NO	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/17/85	Date Compl. Ready to Prod. 1/4/86		Total Depth 5410'			P.B.T.D. 5400		
Elevations (DF, RKB, RT, GK, etc.) 6116 GR	Name of Producing Formation Bisti Gallup		Top Oil/Gas Pay 5174			Tubing Depth 5308		
Perforations 5243, 5254 5174, 5179, 5184, 5187, 5194, 5203, 5219, 5227, 5232, 5233, 5237, 5240,	TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe 5413'				
HOLE SIZE 12 1/4 7 7/8"	CASING & TUBING SIZE Surface Casing 8 5/8" 5 1/2", 15.5#/ft		DEPTH SET 370' 5410'			SACKS CEMENT 245 Class "B" 3% CaCl ₂ 380 sks Class "H"+2% Gel & 0.6%CFR-2, 850 sks Class "B"+2% Econolite and 50 sks Class "H"+2% Gel		

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 1/4/86	Date of Test 1/4/86	Producing Method (Flow, pump, gas lift, etc.) Pump Jack	
Length of Test 24	Tubing Pressure 45	Casing Pressure 45	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 48	Water-Bbls. 10	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Katharine Dickie
(Signature)
Agent
January 9, 1986
(Date)

OIL CONSERVATION COMMISSION

JAN 13 1986

APPROVED _____
BY _____
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 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.