

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
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CURTIS J. LITTLE

P. O. Box 1258, Farmington, NM 87499

on(s) for filing (Check proper box)

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Fairfield	Well No. #1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. NM-060402-A
Location Unit Letter <u>I</u> ; <u>800</u> Feet From The <u>East</u> Line and <u>1850</u> Feet From The <u>South</u> Line of Section <u>14</u> Township <u>27N</u> Range <u>13W</u> , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14
	Twp. 27	Rge. 13
	Is gas actually connected? When no as soon as possible	

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

II. 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 1/10/86	Date Compl. Ready to Prod. 2/5/86		Total Depth 6112'		P.B.T.D. 6029'			
Elevations (DT, RT, GR, etc.) 5885 GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 5862		Tubing Depth 5999'			
Perforations 6027, 29, 31, 33, & 35.	5862, 64, 82, 88, 90, 92, 98, 5900, 21, 33, 34, 42, 44 46, 48, 50, 57, 59, 61, & 63. (25 holes).		Depth Casing Shoe 6112'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		220'		125sx Class B-Circ.			
7-7/8"	4-1/2"		6112' 1st stage		135sx 65/35poz & 240sx			
	2-3/8"		50/50poz (656CF total) 2nd stage		600sx 65/35poz			
			& 50sx 50/50poz (2202CF total). Circulated					

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1891	Length of Test 3 hrs.	Bbls. Condensate/MMCF Spray (Frac)	Gravity of Condensate -0-
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (shut-in) 1147 psig SI 8 days	Casing Pressure (shut-in) 620 psig SI 8 days	Choke Size 3/4"

I. 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.

DIST. 3

Operator

(Title)

2/5/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.