

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088.

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

I. OPERATOR

Operator McKenzie Methane Corporation	Well API No. 30-045-27747
Address 1911 Main Suite 255 Durango, CO 81301	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak 14H	Well No. 5	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 077329
Location				
Unit Letter H	1755	Feet From The N	Line and 1045	Feet From The E
Section 14	Township 27N	Range 10W	County NMPM, San Juan	

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)
El Paso Natural Gas	P.O. Box 4990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/27/90	Date Compl. Ready to Prod. 10/17/90	Total Depth 2117			P.B.T.D. 2069			
Elevations (DF, RKB, RT, GR, etc.) 6150 GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1790			Tubing Depth 1945			
Perforations 1790-93, 1798-1801, 1895-1915, 1920-25, 1929-33, 1941-44, 2004-24					Depth Casing Shoe 2117			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8", 24#	253'	175
7 7/8	4 1/2", 11.6#	2117'	375
	2 3/8", 4.7#	1945'	tbg

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		DEC 2 8 1990

GAS WELL

Actual Prod. Test - MCF/D 487	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate n/a
Testing Method (pitot, back pr.) 2" prover	Tubing Pressure (Shut-In) 205	Casing Pressure (Shut-In) 205	Choke Size 3/4"

VI. OPERATOR 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.

Signature R. J. Sagle
Printed Name R. J. Sagle Op. Mgr.
Date 12/24/90 Telephone No. 303-385-4654

OIL CONSERVATION DIVISION

Date Approved FEB 04 1991

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.