

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator McKenzie Methane Corporation | Well API No. 30-045-28246 |
| Address 1911 Main #255, Durango, Colorado 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 14 L | Well No. 6 | Pool Name, including Formation Basin Fruitland Coal | Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee | Lease No. SF 077329 |
| Location Unit Letter L : 1835 Feet From The S Line and .640 Feet From The W Line Section 14 Township 27 N Range 10 W , 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 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. | Unit | Sec. |
| | Twp. | Rgt. |
| | Is gas actually connected? Yes When? 2-1-91 | |

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 9-24-90 | Date Compl. Ready to Prod. 12-13-90 | | Total Depth 2130' | | P.B.T.D. 2082' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6200' GR | Name of Producing Formation Fruitland Coal | | Top Oil/Gas Pay 1810 | | Tubing Depth 1967' | | | |
| Perforations 1810-14, 1824-27, 1900-19, 1922-28, 1944-47, 2018-46. | | | | | Depth Casing Shoe 2129' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | 8-5/8, 24# | | 250' GL | | 200 | | | |
| 7-7/8 | 4-1/2", 11.6# | | 2129 KB | | 455 | | | |
| | 2-3/8, 4.7 | | 1967' | | N/A | | | |

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. |

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GAS WELL

| | | | |
|---|--|--|-------------------------------------|
| Actual Prod. Test - MCF/D 537 | Length of Test 24 hrs. | 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" |

OIL CON. DIV
DIST. 3

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, Operations Manager**
Title **303/385-4654**
Date **2-8-91**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 04 1991**
By *Burt D. Chang*
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.