

OIL CONSERVATION DIVISION

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

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

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

I. Operator SG Interests I, Ltd.		Well API No. 30-045-28863
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain) <i>Water pop # 2805816</i>
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 Federal 28-8-30 <i>9737</i>	Well No. 2	Pool Name, including Formation Basin Fruitland Coal <i>7/629</i>	Lease No. NM03549
Location Unit Letter <u>N</u> : <u>1100</u> Feet From The <u>South</u> Line and <u>2140</u> Feet From The <u>West</u> Line			
Section <u>30</u> Township <u>28N</u> Range <u>8W</u> , <u>NMPM</u> , San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Gary-Williams Energy Corporation <i>2805815</i>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company <i>2805816</i>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30	Twp. 28N
			Rge. 8W
Is gas actually connected?		When?	
No		Approx 5/20/93	

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
Date Spudded 12-03-92	Date Compl. Ready to Prod. 4-19-93	Total Depth 2822'		P.B.T.D. 2770'			
Elevations (DF, RKB, RT, GR, etc.) 6370' GL, 6383' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2503'		Tubing Depth 2623'			
Performances 2584'-2595', 2577'-2581', 2551'-2555', 2522'-2539', & 2503'-2508'							
Depth Casing Shoe 2815'							

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	533'	300 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2816'	275 sx Pacesetter Lite
	2 3/8"	2623'	w/12% gel + 100 sx Class
			B w/1% CF-14 & .4% Thrifty L.

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

GAS WELL SI - WO PL Conn/Initial Potential - will submit when tested.			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 170 psi	Casing Pressure (Shut-in) 300 psi	Choke Size 1/4"

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 <i>Carrie A. Baze</i>	Agent
Printed Name Carrie A. Baze	Title (915) 694-6107
Date 5/14/93	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved <u>JUL 13 1993</u>	
By	ORIGINAL SIGNED BY ERNIE BUSCH
Title	DEPUTY OIL & GAS INSPECTOR, DIST. #:

- 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.