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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Pioneer Production Corp.

Address  
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne C	Well No. #1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 010063
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Location  
Unit Letter E : 1600 Feet From The North Line and 1040 Feet From The West  
Line of Section 21 Township 28N Range 11W , NMPM, San Juan County, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>21</u> Twp. <u>28N</u> Rge. <u>11W</u>	Is gas actually connected? <u>NO</u> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		XX	XX					
Date Spudded 11-3-80	Date Compl. Ready to Prod. 1-21-81	Total Depth 6467'	P.B.T.D. 6438'					
Elevations (DF, RKB, RT, GR, etc.) 5780' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6192	Tubing Depth 6335' RKB					
Perforations 6192; 6213, 15, 71, 77, 79, 81, 83, 85, 87, 93; 6321, 22, 51, 55, 57; 6436, 33, 26, 22, 16, 12, 08			Depth Casing Shoe 6472' RKB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	726' RKB	375 sx class B 2% CaCl
7-7/8"	4-1/2"	6472' RKB	353 cu ft 1st stage
			1421 cu ft 2nd stage
	1-1/4"	6115' RKB	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours before 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

Choke Size 1 1/2"  
Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 512	Length of Test 8 hrs	Bbls. Condensate/MMCF 12 bbls	Gravity of Condensate
Testing Method (pistol, back pr.) back pressure	Tubing Pressure (shut-in) 1240 psiq	Casing Pressure (shut-in) 1240 psiq	Choke Size 1 1/2"

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) Jim L. Jacobs  
Agent  
(Title)  
3-11-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 18 1981, 19  
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 deepen well, this form must be accompanied by a tabulation of the deviate 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.  
Forms C-104 must be filed for each pool in multiple.