1	NO. OF COPIES RECEIVED					\						
1	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE						Form C-104				
- [	SANTA FE								sedes Old C-	104 and C-		
	FILE		.,	Effec	tive 1-1-65							
ı	U.S.G.S.	AUTHO	RIZATION	TO TRA	AND NSPORT	OIL AND	IATURAL G	AS				
ı	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
Ī	IRANSPORTER GAS							•	en e			
-	OPERATOR											
_	PROPATION OFFICE								in the same of			
1. h	Operator			· · · · · · · · · · · · · · · · · · ·			Š	25		-		
	m									1		
ŀ	P. O. Box 3249, Englewood, CO 80155											
- 1	P. O. Poy 3249. Englewood. CO. 80155											
l l	P. O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)  Other (Please explain)											
ı	Reason(s) for filling (Check proper 602)											
- 1	New Well X	•	Trunsporter						-			
ĺ	Recompletion	Oil		Dry Ga	=							
	Change in Ownership	Casinghea	d Gas	Conden	sate							
	If change of ownership give name		•									
	and address of previous owner	<del></del>						- <del></del>				
11.	DESCRIPTION OF WELL AND L	EASE		( )			Kind of Lease	<del></del>	<del></del>	Lease No		
i	Lease Name	Well No.	Pool Name,	incinging to	ormation		1		070415	· Feder 140		
	Roelofs	1E	В	<u>asin Da</u>	kota		State, Federa	SF.	-078415			
	Location											
	Unit Letter M : 660 Feet From The South Line and 1240 Feet From The West											
	Line of Section 15 Township 29N Range 8W NMPM, San Juan Count											
m.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL	AND NAT	URAL GA	Address		to which appro-		*			
	Conoco  P. O. Box 460, Hobbs, New Mexico 88240  Address (Give address to which approved copy of this form is to be sent)											
	Name of Authorized Transporter of Cas	inghead Gas [	or Dry (	نے کان	!					• •		
	El Paso Natural Gas  P. O. Box 990, Farmington, NM 87401  Two. Page. Is gas actually connected? When											
	If well produces oil or liquids,	Unit Sec.	. •	P.ge.	Is gas a	<del>-</del>	ear iwn					
	give location of tanks.	M 15	29N	, 8M	<u></u>	No		ASAP				
	If this production is commingled with that from any other lease or pool, give commingling order number:											
	COMPLETION DATA								T	Inv. D.		
			il Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Restv.	) Din. Rei		
	Designate Type of Completio	n — (X)	1	X	X	!			<u> </u>	<del></del>		
	Date Spudded Date Compl. Ready t			Total Depth				P.B.T.D.	0061			
	12/28/81	2/2/82				<del>792</del> 7 ' 7930			7886'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
	6730' gr.	Dakota			<b>\</b>	7642'			7763'			
									Depth Casing Shoe			
	Perforations 7642-64', 7805-13', 7778-85', 7846-56' Dakota											
	TUBING, CASING, AND CEMENTING RECORD											
			CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
	HOLE SIZE	9-5/8'				291'		250 sx				
	12-1/4"					4045		430 sx				
	8-3/4"	7"			7930'		375 sx					
	6-1/4"	4-1/2"					+ 3,0	1				
	2-3/8" @ 7763'											
V.	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)  OIL WELL											
	Date First New Oil Run To Tanks	Dil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)							
		Tubing Dressure			Casing Pressure		Choke Size					
	Length of Test	Tubing Pressure										
	Actual Prod. During Test	Oil-Bbls.			Water-Bbls.		Gas-MCF	Gas-MCF				
									<del></del>			
		<del></del>										

Tubing Pressure (Shut-in ) Testing Method (pitot, back pr.) Back Pressure

VI. CERTIFICATE OF COMPLIANCE

GAS WELL

1596

Actual Prod. Test-MCF/D

February 8, 1982

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

3 hrs.

2025 psi

Doundra Lea	an l	
Saundra Terron	(Signature)	
Production Analyst		
	(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

MAR 15 1992

Bbls. Condensate/MMCF

3-15-82 APPROVED

Casing Pressure (Shut-in)

2050 psi

TITLE SUPERVISE A COMMON # 3

Original Signed by FRANK T. CHAVEZ

Gravity of Condensate

Choke Size

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owr well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi