

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator SG Interests I, Ltd.		Well API No. 30-045-28079
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance "AB" 9743	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Private	Lease No. SF0798596A
Location Unit Letter G : 2120 Feet From The West Line and 1300 Feet From The East Line Section 12 Township 29N Range 8W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Gary-Williams Energy Corporation 2220810	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 or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company 2220830	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 G Sec. 12 Twp. 29N Rge. 8W	Is gas actually connected? No	When? Approx. 4/01/93 526-98

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 9-28-92	Date Compl. Ready to Prod. 12-07-92	Total Depth 3172'	P.B.T.D. 3088'
Elevations (DF, RKB, RT, GR, etc.) 6325' GR 6250	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2852'	Tubing Depth 3007'	Depth Casing Shoe 3166'
Perforations 3004'-3008', 2983'-2991', 2946'-2938', 2906'-2928', 2874'-2896' & 2852'-2858'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	256'	200 sx Class B w/2% CaCl
7 7/8"	5 1/2"	3166'	(560 sx Pacesetter Lite
			(w/6% gel + 100 sx Class B
	2 3/8"	3007'	(w/1% CF-14 & 0.4% Thrifty Lite

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/IP Test. Will submit when well is tested.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 150 psi	Casing Pressure (Shut-in) 440 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 Carrie A. Baze
Printed Name Carrie A. Baze Agent
Date 1/07/93 Title (915) 694-6107
Telephone No.

OIL CONSERVATION DIVISION

JAN 19 1993

Date Approved

By

Burt D. Sherry

SUPERVISOR DISTRICT #3

Title

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.