

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

Operator SG Interests I, Ltd.	Well API No. 30-045-27977
Address P. O. Box 421, Blanco, NM 87412-0421	
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 Santa Rosa 17	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease 30 Year, Federal 3225000	Lease No. SF076337
Location Unit Letter H : 1815 Feet From The North Line and 835' Feet From The East Line Section 17 Township 29N Range 9W, 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)			
None				
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 Company	P. O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks. None	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When?			
No	Approx. 3-15-92			

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 7-20-90	Date Compl. Ready to Prod. 7-25-90 / 1-24-92	Total Depth 2315'		P.B.T.D. 2246'				
Elevations (DF, RKB, RT, GR, etc.) 5715' GL, 5725' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2052'		Tubing Depth 2193'				
Perforations 2052'-2063', 2096'-2106', 2171'-2190', 2202'-2206'				Depth Casing Shoe 2286'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	140'	225 sx Class B w/2% CaCl
7 7/8"	4 1/2"	2286'	175 sx Class B w/2% Econ.
			350 sx 50/50 Poz Mix
	2 3/8"	2193'	w/2% Gel & 10% Salt

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.

GAS WELL * Well Capable of commercial production - will submit IP 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)	Casing Pressure (Shut-in)	Choke Size
		840	

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 2/03/92 Title (915) 694-6107
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 27 1991
By Original Signed by FRANK T. CHAVEZ
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.