

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 Interest I, Ltd.		Well API No. 30-045-28137
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 Federal 29-9-15	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State Federal	Lease No. SF078132
Location Unit Letter <u>B</u> : <u>1100</u> Feet From The <u>North</u> Line and <u>2040</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>29N</u> Range <u>9W</u> , <u>NMPM</u> , <u>San Juan</u> 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. <u>None</u>	Unit <u> </u> Sec. <u> </u> Twp. <u> </u> Rgn. <u> </u>	Is gas actually connected? <u>Yes</u> When? <u>Approx. 1-27-92</u>

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 11-4-90	Date Compl. Ready to Prod. 1-25-92		Total Depth 2700'		P.B.T.D. 2655'			
Elevations (DF, RKB, RT, GR, etc.) 5955' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2376'		Tubing Depth 2499.76'			
Perforations 2376'-2402' & 2467'-2484'					Depth Casing Shoe 2700'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	262'	215 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2700'	250 sx Class B w/2%
			Sodium Metasilicate +
	2 3/8"	2499.76'	150 sx Class B w/2% CaCl

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.

RECEIVED
FEB 7 1992
Gas-MCF
OIL CON. DIV.

GAS WELL * Well capable of commercial production - will submit IP when DIST 3

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
		620 psi	

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 Agent
Printed Name Carrie A. Baze Title
Date 2/03/92 Telephone No. (915) 694-6107

OIL CONSERVATION DIVISION

Date Approved FEB 10 1992
By Frank J. [Signature]
Title SUPV. OF OIL & GAS

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.