

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. 30-045-28160
Address P.O. Box 421, Blanco, NM 87412		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>oper. change only</i>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Robert L. Bayless, P.O. Box 168, Farmington, NM 87499		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Rosa 5	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>N</u> : <u>895</u> Feet From The <u>South</u> Line and <u>1975</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>29N</u> Range <u>9W</u> , 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)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.

**RESTRICTED**  
NOV 5 1991  
OIL CON. DIV.  
DIST. 3

GAS WELL

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

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.

*Patricia A. Sills*  
Signature Patricia A. Sills Agent  
Printed Name  
11/12/91 (505) 325-5599  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 5 1991  
By *[Signature]*  
Title SUPERVISOR DISTRICT 13

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.

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-105  
Revised 1-1-89

WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
1a. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>					WELL API NO. 30-045-28160					
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESV <input type="checkbox"/> OTHER <input type="checkbox"/>					5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>					
2. Name of Operator SG Interests I, Ltd.					6. State Oil & Gas Lease No.					
3. Address of Operator P. O. Box 421, Blanco, NM 87412-0421					7. Lease Name or Unit Agreement Name Santa Rosa 5					
4. Well Location Unit Letter N : 895 Feet From The South Line and 1975 Feet From The West Line Section 5 Township 29N Range 9W NMPM San Juan County					8. Well No. 2					
10. Date Spudded 10-09-90					11. Date T.D. Reached 10-12-90		12. Date Compl. (Ready to Prod.) 2-24-92		13. Elevations (DF & RKB, RT, GR, etc.) 5578' GL, 5588' RKB	
15. Total Depth 2261'					16. Plug Back T.D. 2197'		17. If Multiple Compl. How Many Zones? -		18. Intervals Drilled By Rotary Tools X Cable Tools -	
19. Producing Interval(s), of this completion - Top, Bottom, Name 1950'-2106' Fruitland Coal					20. Was Directional Survey Made Yes					
21. Type Electric and Other Logs Run FDC-GR-CAL-Micro-CBL					22. Was Well Cored No					
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB/FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
8 5/8"		24#		169'		12 1/4"		225 sx Class B w/2% CaCl		7 Bbls
4 1/2"		10.5#		2235.12'		7 7/8"		25 sx Class B + 225 sx Class B w/2% Econofill		35 Bbls
								+ 350 sx 50/50 Poz Mix		
								w/2% Gel & 10% Salt		
24. LINER RECORD					25. TUBING RECORD					
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		PACKER SET
										-
26. Perforation record (interval, size, and number)					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
1950'-1955'			0.43"		4 JSPF		DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED	
1979'-1982', 2024'-2029'			0.43"		4 JSPF		1950'-2106'		4005 Bbls Slick H2O	
2081'-2084', 2086'-2088'			0.43"		4 JSPF				16480# 40/70/ Mesh Sand	
2091'-2099', 2102'-2106'			0.43"		4 JSPF				142520# 20/40/ Mesh Sand	
28. PRODUCTION										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)						Well Status (Prod. or Shut-in)		
Date of Test *		Hours Tested		Choke Size		Prod's For Test Period		Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio		
Flow Tubing Press.		Casing Pressure 370		Calculated 24-Hour Rate		Oil - Bbl. Gas - MCF Water - Bbl.		Oil Gravity - API - (Corr.)		
29. Disposition of Gas (Sold, used for fuel, vented, etc.) * Well capable of commercial production - will submit IP when tested.										
30. List Attachments C-102 Plat, Cementing Reports										
31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature <u>Carrie A. Baze</u>				Printed Name <u>Carrie A. Baze</u>		Title <u>Agent</u>		Date <u>2/27/92</u>		

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

## Southeastern New Mexico

## Northwestern New Mexico

T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	T. Strawn	T. Kirtland-Fruitland 1878'	T. Penn. "C"
B. Salt	T. Atoka	T. Pictured Cliffs 2130'	T. Penn. "D"
T. Yates	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montoya	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Otzte
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T.
T. Blinebry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Delaware Sand	T. Todilto	T.
T. Drinkard	T. Bone Springs	T. Entrada	T.
T. Abo	T.	T. Wingate	T.
T. Wolfcamp	T.	T. Chinle	T.
T. Penn	T.	T. Permian	T.
T. Cisco (Bough C)	T.	T. Penn "A"	T.

### OIL OR GAS SANDS OR ZONES

OIL OR GAS SANDS OR ZONES

No. 1, from.....1878'	to.....2130'	No. 3, from.....	to.....
No. 2, from.....2130'	to.....TD	No. 4, from.....	to.....

## IMPORTANT WATER SANDS

**Include data on rate of water inflow and elevation to which water rose in hole.**

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology

From	To	Thickness in Feet	Lithology

# OIL CONSERVATION DIVISION

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

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

Operator SG Interests I, Ltd.	Well API No. 30-045-28160
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 5	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease Non-Producing Fee	Lease No.
Location Unit Letter N : 895 Feet From The South Line and 1975 Feet From The West Line Section 5 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"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 N	Sec. 5
	Twp. 29N	Rge. 9W
Is gas actually connected?	When? 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 10-09-90	Date Compl. Ready to Prod. 10-12-90 2-24-92		Total Depth 2261'		P.B.T.D. 2197'			
Elevations (DF, RKB, RT, GR, etc.) 5578' GL, 5588' RKB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1950'		Tubing Depth 2121'			
Perforations 1950'-1955', 1979'-1982', 2024'-2029', 2081'-2084', 2086'-2088', 2091'-2099', 2102'-2106'					Depth Casing Shoe 2234'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		169'		225 sx Class B w/2% CaCl			
7 7/8"	4 1/2"		2235.12'		25 sx Class B + 225 sx			
	2 3/8"		2121'		Class B w/2% Econofill+			
					350 sx 50/50 Poz mix			

### 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 \* 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) 370 psi	Choke Size

### 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  
Carrie A. Baze Agent  
Printed Name  
Date 2/27/92 Telephone No. (915) 694-6107

### OIL CONSERVATION DIVISION

Date Approved MAR 04 1992

By [Signature]  
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.