

OIL CONSERVATION DIVISION

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

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**

I.

Operator SG Interests I, Ltd.	Well API No. 30-045-28787
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 _____	

Water pad # 2805891

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29-9-1 ¹³⁷⁰⁰	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State , Federal and Fee	Lease No. SF078201
Location				
Unit Letter N	825	Feet From The South	Line and 1900	Feet From The West
Section 1	Township 29N	Range 9W	County San Juan, NMPM	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary-Williams Energy Corporation ²⁸⁰⁵⁸⁸⁴	P. O. Box 159, Bloomfield, NM 87413
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 ²⁸⁰⁵⁸⁸⁷	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	N 1 29N 9w No Approx 2/01/93

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 9-25-92	Date Compl. Ready to Prod. 12-07-92	Total Depth 3147'	P.B.T.D. ^{3075'} ^{3067'}					
Elevations (DF, RKB, RT, GR, etc.) ^{6343'} GL & 6356' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2824'	Tubing Depth 3020'					
Perforations 2824'-2829', 2846'-2850', 2868'-2876', 2881-28886', 2908'-2910', & 2961'-2972'		Depth Casing Shoe 3142'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	268'	200 sx Class B w/2% CaCl					
7 7/8"	5 1/2"	3142'	435 sx Pacesetter Lite					
	2 3/8"	3020'	w/6% gel + 100 sx Class B w/1% CF14					

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 successful in 4 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED JAN 1 1993
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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GAS WELL SI - Waiting on PL Connection/IP Test. Will submit when well is tested.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in) 150 psi	Casing Pressure (Shut-in) 150 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
 Carrie A. Baze Agent
 Printed Name _____ Title _____
 01/07/93 (915) 694-6107
 Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JAN 19 1993

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.