

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 <b>COLEMAN OIL &amp; GAS COMPANY</b>		Well API No. <b>30045 0782000</b>
Address <b>c/o Walsh Engr. &amp; Prod. Corp. 204 N. Auburn Farmington, New Mexico 87401</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator from General Minerals Corp. to Coleman Oil & Gas Company
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator <b>GENERAL MINERALS CORPORATION 4133 N. Lincoln Blvd. Oklahoma City, Oklahoma 73105-5208</b>		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>G.H. Callow</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Fruitland Coal</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-0468126</b>
Location Unit Letter <b>I</b> : <b>1650</b> Feet From The <b>S</b> Line and <b>990</b> Feet From The <b>E</b> Line Section <b>27</b> Township <b>29N</b> Range <b>13W</b> , <b>NMPM</b> 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 4990 Farmington, New Mexico 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	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	Difl Res'v
		<b>X</b>				<b>X</b>		
Date Spudded <b>12/13/51</b>	Date Compl. Ready to Prod. <b>1/5/93</b>	Total Depth <b>1539' 1545'</b>		P.B.T.D. <b>1485'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>5706' DF GL</b>	Name of Producing Formation <b>Basin Fruitland Coal</b>		Top Oil/Gas Pay <b>1392'</b>		Tubing Depth <b>1425'</b>			
Perforations <b>1435'-1450' 1392'-1400'</b>				Depth Casing Shoe <b>1501'</b>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>102'</b>		<b>100 sx</b>				
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>1501'</b>		<b>100 sx 125</b>				
	<b>1-1/2"</b>	<b>1425'</b>						

#### 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 well for all subsequent tests)			
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 <b>JAN 19 1993</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**RECORDED**  
**OIL CON. L...**  
**DIST. 3**

#### GAS WELL

Actual Prod. Test - MCF/D <b>N/A Capable of producing commercial quantities of gas</b>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) <b>120</b>	Casing Pressure (Shut-in) <b>294</b>	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 Paul C. Thompson  
Paul C. Thompson Agent  
Printed Name 1/14/93 505 327-4892  
Date Telephone No.

OIL CONSERVATION DIVISION  
JAN 28 1993

Date Approved \_\_\_\_\_  
By Brian D. Shum  
SUPERVISOR DISTRICT **13**  
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.