

STATE OF NEW MEXICO		4	NMOCD	1 Pioneer	1 File	1 EPNG	Form C-104 Revised 10-1-70
OIL AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION					
		P. O. BOX 2088					
		SANTA FE, NEW MEXICO 87501					
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
TO BE FILLED BY DISTRIBUTION							
SANTA FE							
P.O.							
U.S.O.							
LAND OFFICE							
TRANSPORTER		OIL GAS					
OPERATOR							
PRODUCTION OFFICE							
Operator		Pioneer Production Corp.					
Address		P O Box 208, Farmington, NM 87401					
Reason(s) for filing (Check proper box)		Other (Please explain)					
New Well <input checked="" type="checkbox"/>		Change in Transporter of:		Dry Gas <input type="checkbox"/>		add	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Condensate <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>					
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease	Fee	Lease No.
Salmon		1E	Undesignated Chacra		State, Federal or Fee		---
Location		East					
Unit Letter		B	580' Feet From The		North	Line and	1440 Feet From The
Line of Section		30	Township		29 North	Range	11 West
				, NMPM,		San Juan County	
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)					
El Paso Natural Gas Co.		P O Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
						Yes	1-26-82
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
			XXX	XXX			
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
8-11-81		1-24-82		6200'		6158' RKB	
Elevations (D/T, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
5462' GL		Chacra		2671'		2453' RKB	
Perforations						Depth Casing Shoe	
2671-87, 6 holes						6197' RKB	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
Back hoe dug hole		14"		15' GL		432 cu.ft.	
12-1/4"		8-5/8"		466' RKB		354 cu.ft.	
7-7/8"		4-1/2"		6197' RKB		2673 cu.ft. in 2 stages	
		1-1/4"		2453' RKB			
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 Tanks		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	
						FEB 17 1982	
						OIL CON. DIV.	
						DIST. 3	
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
1463 MCF/GPD		8 hrs.					
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	
back pressure		945 psi		950 psi		4" meter run, 1 1/2" o.p.	
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.							
APPROVED Original Signed by FRANK T. CHAVEZ BY SUPERVISOR DISTRICT #3 TITLE							
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple							
Agent Jim L. Jacobs 2-16-82 (Date)							