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STATE OF NEW MEXICO ETREBGY AND MIDERALS DEPARTMENT **. %* ***** ****** OIL CONSERVATION DIVISION D(\$10)001109 P. O. BOX 208 SANIA FE SANTA FE, NEW MEKICO 87501 U.L.O.B LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER GAL AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Cierotor Helen Loraine Hedrick Address c/o A. R. Kendrick, Box 516, Aztec, New Mexico 87410 Reason(s) for filing (Check proper box) Other (Please explain) لِيا New Well Change in Transporter of: Recompletion CIL Dry Gas Change In Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE iell No. Pool Name, Including Formation Kind of Lease Gale Aztec-Pictured Cliffs State, Federal or Fee Fee 2030 North Unit Letter Feet From The Line and Feet From The West 24 29N Line of Section Township Range 11W San Juan , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Off Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent) El Paso Natural GasC ompany Box 1492, El Paso, Texas 79978 Unit TTWP. Rge. Sec. is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back Same Resty, Dill. R Designate Type of Completion - (X) Х Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 12/31/82 5/17/83 1830 1810 Elevations (D) R. RT. GR. er. Name of Producing Formation Top Oil/Gas Pay Tubing Depth 5482 GR Pictured Cliffs 1723 1723 Perforations Depth Casing Shoe 1723 to 1785 1820 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8.75 7.00 73' 35 circulated 5.125 2.875 1820 1701.660 (1½") 1723 none V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top cable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Cosing Pressure Choke Size Actual Pred. During Teet Otl-Bhis. Water - Bble. DEC 1-1983 GAS WELL Actual Prod. Test-MCF/D OIE CON: DIV. Length of Test Bbls. Condensate/MMCF Q = 213, AOF = 258 3 Hours Chok. DIST. 3 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Back Pressure 309 309 750 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION $\mathsf{DEC}\ I$ APPROVED. 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. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE _

Agent

December 1, 1983

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This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for sinewly drilled or det well, this form must be accompanied by a tabulation of the devi-

Att sections of this form must be filled out completely for al able on new and recomplated wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporten or other such change of condi-Separate Forms C-104 must be filed for each pool in must

completed wells.