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SANTA FE		7	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PROPATION OFFICE		Į.	1

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE Supersedes Old C-104 a Effective 1-1-65		
FILE /	AUTHORIZATION TO TRAN	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPURT OIL AND NATURAL	GAS	
OIL				
TRANSPORTER GAS /				
OPERATOR /				
I. PRORATION OFFICE Operator	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
1 ·	TROLEUM CORPORATION			
Address				
501 Airport Dri	ve, Farmington, New Mexic	eo 87401	47, 60,60	
Reason(s) for filing (Check proper box		Other (Please explain)	7.712.0° 60 ×0	
New Well Recompletion	Change in Transporter of: Oil Dry Gas	Other (Please explain) 7.1. Core Retro. Re		
Change in Ownership	Casinghead Gas Condens	sate		
		Miles	The state of the s	
If change of ownership give name and address of previous owner		Pan Chi	ico,	
TO DESCRIPTION OF WELL AND	LEACE	nos A		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	:	i -	
E. E. Elliott "A"	3 Blanco Picture	ed Cliffs State, Feder	al or Fee Federal SF 078139	
Location				
Unit Letter <u>L</u> ; <u>140</u>	50 Feet From The South Line	e and 800 Feet From	The West	
Line of Section 15 To	wnship 30-N Range 9	−W , NMPM, San	Juan County	
Line of Section 13	JO 11			
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved conv of this form is to be sent)	
Name of Authorized Transporter of Ol	or Condensate	Address (Give didiess to which app	open copy of this form to to be comp	
Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
El Paso Natural Gas C		Box 990, Farmington, 1	New Mexico 87401	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	hen	
give location of tanks.				
	ith that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Completi		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 2891	
9-1-70 Elevations (DF, RKB, RT, GR, etc.)	9-16-70 Name of Producing Formation	2940 Top QU/Gas Pay	Tubing Depth	
GR 6048', RKB 6061'	Pictured Cliffs	2787'	2780 1	
Perforations	1100000		Depth Casing Shoe	
2787-2802'			2930'	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE 12-1/4"	8-5/8"	207'	200 sx	
6-3/4"	4-1/2"	2930'	600 sx	
	1-1/4"	27801		
			il and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
		Casing Pressure	Choke size	
Length of Test	Tubing Pressure	Cdsing Pressure		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF SEP 28 1970	
Actual			OIL CON. COM	
			OIL CON CON	
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	3 hr.		-	
1695 (AOF 3850) Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	640	640	3/4"	
VI. CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION	
		APPROVED SEP 28 19	70 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DIST. #5		by Emery C. Arnold		
		Т. но		
	TITLE			
ORIGINAL SIDE	GINAL SITEMAN ST. This form is to be filed in compliance with RULE 1104.		n compliance with RULE 1104.	
The state of the s		amphie for a newly drilled or deepened		
, ,	(Signature) If this is a request for allowable for a tabulation of the deviat tests taken on the well in accordance with RULE 111.		cordance with RULE !!!.	
Area Engine		All sections of this form must be filled out completely for allow-		
· ·	(Title) able on new and recompleted wells. September 25, 1970 Fill out only Sections I, II, III, and VI for changes of		II. III. and VI for changes of owner,	
September 2	Well name or number, or transporter, or other such change of the		orter, or other such change of condition.	
		Separate Forms C-104 m completed wells.	ust be filed for each pool in multiply	