

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	OAS	
OPERATOR		
CORPORATION OFFICE		

Address  
1660 Lincoln Street, Suite 2800, Denver CO 80264

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 Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

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 State, Federal or Fee
Trieb Federal	2E	Basin Dakota	SF078204-A
Location			
Unit Letter <u>B</u> ; <u>950</u> Feet From The <u>North</u> Line and <u>1550</u> Feet From The <u>East</u>			
Line of Section <u>33</u> Township <u>30N</u> Range <u>10W</u> , NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P. O. Box 1528, Farmington, NM 87417	
Inland Corp.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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
					No	

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	Same Res'v.	Diff. Res'v.
Date Spudded 5/3/80		Date Compl. Ready to Prod. 10/23/80		Total Depth 7110'			P.B.T.D. 7083'		
Elevations (D&T, RT, GR, etc.) 6110' GR		Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6946'			Tubing Depth 6918'		
Perforations 7050'-6946'							Depth Casing Shoe 7106' KB		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4" casing	241' KB	250 SXS
8 3/4"	7" casing	2854'	300 SXS
	4 1/2" liner	7106'	575 SXS

(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.)

OIL WELL			
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 WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
2383 MCFD	3 hrs	trace	.691
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	1975 psig	1000 psi	.075

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.

OIL CONSERVATION DIVISION  
NOV 13 1980

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 III.

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-played wells.