

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Administrative routing table with columns for 'NO. OF COPIES', 'DEPARTMENT', 'OFFICE', 'DATE', 'BY', 'REMARKS'.

Jerome P. McHugh

Box 208 Farmington, NM 87401

Reason(s) for filing (Check proper box):
New Well
Recompletion
Change in Ownership
Change in Transporter of: Oil Gas Condensate Costinghead Gas Dry Gas

Other (Please explain):
Effective August 17, 1981

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Pinon
Well No.: 1E
Pool Name, Including Formation: Basin Dakota
Kind of Lease: State, Federal or Free Fed
Lease No.: NM 6899
Location: Unit Letter L, 1790 Feet From The South Line and 990 Feet From The West
Line of Section 13, Township 30N, Range 14W, NMPM, San Juan County

ASSIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Giant Refining, Inc.
Address (Give address to which approved copy of this form is to be sent): Petroleum Plaza, Suite 238, Farmington, NM 87401
Name of Authorized Transporter of Costinghead Gas or Dry Gas
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent): P.O. Box 930, Farmington, NM 87401
Well No.: L 13 30N 14W

Completion Data:
Designate Type of Completion - (X)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
Name of Producing Formation
Top Oil/Gas Pay
Testing Depth
Depth Casing Shoe

TUBING CASING AND CEMENTING RECORD

Table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT.

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 oil able for this depth or be for full 24 hours)

Oil Well Test Data:
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

GAS WELL

Gas Well Test Data:
Actual Prod. Test - MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (Pilot, back pr.)
Tubing Pressure (Stat-in)
Casing Pressure (Stat-in)
Choke Size

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.

T. A. Dugan, Agent
(Signature)
(Title)

OIL CONSERVATION DIVISION

AUG 19 1981

APPROVED _____, 19
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.