

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

AUG 12 1985

OIL CON. DIV.
DIST. 3

I. Operator
Joel B. Burr, Jr.

Address
Suite 300, 300 W. Arrington, Farmington, NM 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☒ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|-----------------------|
| Lease Name Foothills | Well No. 2 | Pool Name, including Formation Fulcher Kutz Pictured Cliff | Kind of Lease State, Federal or Fee Federal | Lease No. NM 48576 |
| Location Unit Letter <u>D</u> ; <u>1080</u> Feet From The <u>North</u> Line and <u>1080</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County | | | | |

III. 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) |
| Joel B. Burr, Jr. | Suite 300, 300 W. Arrington, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Agent
Ray Z. Pritchard
(Signature)
8/9/85
(Date)

OIL CONSERVATION DIVISION

NOV 01 1985

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 deepens well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 conditior

Separate Forms C-104 must be filed for each pool in multipl completed wells.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|---|----------|--------------------------|---------------|---------------------|---------------------------|-----------|-----------|------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well X | New Well X | Workover | Deepen | Plug Back | Same Res. | Diff. Res. |
| Date Spudded 9/21/83 | Date Compl. Ready to Prod. 3/23/84 | | Total Depth 2063' | | P.B.T.D. 2033' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5874 GR | Name of Producing Formation Pictured Cliff | | Top Oil/Gas Pay 1971' | | Tubing Depth N/A | | | | |
| Perforations 1971-1979 | | | | | | Depth Casing Shoe 2063 | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 8 3/4 | 7 | 100 | 41 cu ft |
| 5 1/4 | 2 7/8 | 2063 | 375 cu ft |
| | | | 112 cu ft |

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 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 |

GAS WELL

| | | | |
|---|----------------------------------|----------------------------------|------------------------------|
| Actual Prod. Test - MCF/D 319 | Length of Test 3 hrs | Bbls. Condensate/MMCF N/A | Gravity of Condensate N/A |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) N/A | Casing Pressure (shut-in) 510 | Choke Size 3/4 |