## ATE OF NEW MEXICO AND MINISPASS DEPARTMENT # 1 (P) 14 01 (1714 OBTRIBUTION 2 11 F DIL THANKPORTER

12-29-83

(Date)

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE AND

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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.

completed wells.

Separate Forms C-104 must be filed for each pool in multiply

GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CPPRATOR "FORATION OFFICE JUST GIGT LOBO PRODUCTION Address P.O. Box 2364, Farmington, New Mexico 87499 Feason(s) for filing (Check proper box) Other (Please explain) Sew Well [X] EN/ OII Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Leane No. State, Federal or Fee Federal Mesa Twin Mounds # 2 Wildcat Gallup NM27024 1825 Feet From The South Line and 990 Unit Letter Feet From The West 30 30N Township 14W Line of Section Range , 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) Giant Refinery P.O. Box 256, Farmington, New Mex. 87499
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Unit Sec. Is gas actually connected? Rge. If well produces oil or liquids, give location of tanks. Twp. ! 30  $\mathbf{L}$ 30N : 14W No (this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Deepen Plug Back Designate Type of Completion - (X) Х X Date Compl. Ready to Prod. Date Spudded Total Depth P.B.T.D. 11-28-83 Name of Producing Formation 10-14-83 5700' KB 5635 KB ievations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay 6005 KB 539264 W C Gallup 4607' 4962 951 pth Casing Sho - 5044' Gallup TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 12 1/4" 150 sks cls B 8 5/8" K55-24# 219' KB 5 1/2" K55 p10 17# 5689 ' KB 400 sks cls B 7 7/8" 200 sks cls B 2 1/16" 2.70# J55 IJ 1 4962.95 KB i 50 sks cls B neat 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) HL WELL Producing Method (Flow, pump, gas lift, etc.) late First New Oil Run To Tanks Date of Test Pumping 11-28-83 12-29-83 Choke Size Tubing Pressure Casing Pressure ength of Teet 100 Psi 1/2 35 PSI 24 hours Water - Bbls. Gas - MCF Oil-Bbis. Natual Prod. During Test 72-8 0 26.7 35 đ AS WELL Bbls. Condensate/MMCF Gravity of @ Ratual Prod. Tool-MCF/D Length of Test Tubing Presews (Shut-in) Casing Pressure (Shut-in) criting kiethod (pitot, buck pr.) OIL CONSERVATION DIVISION PRIFICATE OF COMPLIANCE MAY - 2 1984 5-2-84 APPROVED bereby certify that the rules and regulations of the Oli Conservation cision have been compiled with and that the information given the is true and complete to the best of my knowledge and belief. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE \_ This form is to be filed in compliance with MULE 1104. 1 E Saunta If this is a request for allowable for a newly drilled or deepened well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wails. (Tille)