

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator Curtis J. Little	
Address P.O. Box 1258, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_RECEIVED  
FEB 12 1984  
OIL CON. DIV.  
DIST. 3

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Kelly Federal	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-077754
Location Unit Letter <u>A05</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>30 North</u> Range <u>10 West</u> , NMPM, <u>San Juan</u> County				

## 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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>  </u> Sec. <u>  </u> Twp. <u>  </u> Rge. <u>  </u> Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12/28/83	Date Compl. Ready to Prod. 02/13/84	Total Depth 7576	P.B.T.D. 7523					
Elevations (Dk, RT, GR, etc.) 6387 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7346	Tubing Depth 7442					
Perforations 7346-70, 7410-18, 7434-60, 7481, 7483, 7493, 7498, 7500, 7521, 7523,		7525	Depth Casing Shoe 7564					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	211	125					
8-3/4"	7"	3104	475					
6-1/4"	4-1/2"	7564	445					

## V. 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 allowable for this depth or be for full 24 hours)

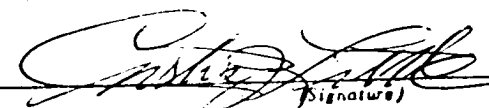
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 1621	Length of Test 3 hours	Bbls. Condensate/MMCF None	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 7 day 1906	Casing Pressure (Shut-in) 7 day 1926	Choke Size 3/4

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

  
Operator  
(Title)  
02/15/84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 23 1984, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE 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 111.  
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 multiply completed wells.