## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	****	<u> </u>	
DISTRIBUTIO	DM		
SANTA FE			
FILE			
V.8.0.A.			L
LAND OFFICE			
TRANSPORTER	OIL		
IMANGPONIEN	GAS		
OPERATOR			
PROBATION OF	ICE		

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



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

PROBATION OFFICE	AUTHORIZATIO	N TO TRANSP	ORT OIL	AND NATUR	RAL GAS DIS	. 3	
Operator	vol oum						
Union Texas Pet	roteum			<del></del>			
Address	<u> </u>	4114 07	401				
375 US Highway	<u>64, Farmingto</u>	on, NM 8/	401	Other (Please	andria)	<del></del>	
Reeson(s) for filing (Check proper box)		_		Oluet (Freeze	expiains		
New Well	Change in Transpo	_	1				
Recompletion	Oil	Dr.	y Gas				
Change in Ownership	Casinghead G	as [_] Co	ndensate				
f change of ownership give name							
and address of previous owner			<del></del>				
II. DESCRIPTION OF WELL AND	LEASE	Industra P		·	Kind of Lease		Legse !
Lease Name	Well No.   Pool No		_			E.J. CE 0	
Seymour	10   Se	<u>dro Canyor</u>	<u> Fruitl</u>	and	State, Federal or Fee	<u>rea 51-0</u>	18202
Location		_					
	Coat Soon The	South	e and	L794	Feet From TheW	<u>est</u>	
Unit Letter K 1660	restromine_	<u></u>	<u> </u>		_		
22 -	Mp 31N	Range	- <del>8M</del> -	, NMPM	. San Juan		Cour
Line of Section 23 Towns	urb OTIA	Landa	UN	, ,,,,,,		· · · · · · · · · · · · · · · · ·	
			C . C				
III. DESIGNATION OF TRANSPO	RTER OF OIL AN	D NATURAL	Addison (	Give address	to which approved copy	of this form is t	o be sent)
Name of Authorized Transporter of Oli	or Condense	• •	Vadiage (	A142 appl 214			
			<u> </u>		Total annual const	al this form is t	o he sent)
Name of Authorized Transporter of Casing	head Gas 🔲 or i	ory Gas X			to which approved copy		
El Paso Natural Gas Comp	oanv		P. 0.	. Box 990	), Farmington,	NM 87499	
T 1		wp. Rge.		tually connect		<del></del>	
If well produces oil or liquids,	1 ,	1N 8W	1 .	No	1		
give location of tanks.							
If this production is commingled with	that from any other	lease or pool,	give comm	ningling orde	it unwpet:		<del></del>
II files beangering or commende							

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.

Robert	C. Trans	
Permit	Coordinator	

May 3, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

MAY 0 4 1988

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #4 2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepwell, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ow sell name or number, or transporter or other such change of conditions.

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

V. COMPLETION DATA	Oil Well Gas We	II New Weil Workover Deep	en Plug Bock Same Res'v. Diff. Res
Designate Type of Completi		X MOLEGAM COOP	i i i i i i i i i i i i i i i i i i i
Deta Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
8/27/87	11/7/87	3230	3225
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Cormation	Top Otl/Gas Pay	Tubing Depth
6401 GL, 6413 KB	Fruitland	3192	3139
Perferetions			Depth Casing Shoe
3195-3223 perfora	ted (3192-3225 slotte	d liner)	
	TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	617	400 sx (472 cu.ft.)
8-3/4	7	3192	320 sx (749 cu.ft.)
6-1/4" underreamed to	18" 4-1/2 liner	3134-3225	N/A gravel packed
	2-3/8	3139	<u>i</u>
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Bun To Tunks	FOR ALLOWABLE (Test must able for th	be after recovery of total volume of loc is depth or be for full 24 hours)  Producing Method (Flow. pump,	ed oil and must be equal to or exceed top al
DEFENDENCE LANGE TO LANCE		, , , , , , , , , , , , , , , , , , ,	
Longth of Toot	Tubing Pressure	Casing Preseure	Cheke Size
Actual Pred. During Test	Oii - Sbis.	Water - Bbis.	Gas • MCF
AS WELL	<u></u>		
Actual Prod. Test-MCF/D	Length of Test 24 Bbls. Condensete/MMCF		Gravity of Condensate N/A
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shat-in)	Casing Pressure (Shat-is) 50	Cheke Size 3/4

Pump tbg. flow up backside