

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SG Interests I, Ltd.		Well API No. 30-045-28649
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance Gas Com "F"	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> Federal <del>Oil</del> Gas	Lease No. SF080597
Location Unit Letter <u>H</u> : <u>1580</u> Feet From The <u>North</u> Line and <u>835</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>30N</u> Range <u>8W</u> , <u>NMPM</u> San Juan County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Gary-Williams Energy Corporation <u>2811233</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company <u>2811234</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 29	Twp. 30N	Rge. 8W	Is gas actually connected? No	When? Approx 3-29-93

If this production is commingled with that from any other lease or pool, give commingling order number: 2811235

### 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 11-23-92	Date Compl. Ready to Prod. 3-10-93		Total Depth 3100'		P.B.T.D. 2975'			
Elevations (DF, RKB, RT, GR, etc.) 6217' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2769'		Tubing Depth 2946'			
Perforations 2900'-2907', 2852'-2860', 2800'-2805', & 2769'-2783'					Depth Casing Shoe 3095'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		282.30'		200 sx Class B w/2% CaCl			
7 7/8"	5 1/2"		3095.20'		35 sx Scavenger + 235 sx			
	2 3/8"		2946'		65/35 Poz + 100 sx Class B			

### 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Line Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL SI - WO PL Conn/IP Test. Will submit when tested.			<b>RECEIVED</b> MAR 23 1993 OIL CON. DIV
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 460 psi	Casing Pressure (Shut-in) 460 psi	Choke Size 1/4"

### VI. OPERATOR 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.

Signature Carrie A. Baze Agent  
Printed Name 3/17/93 Title (915) 694-6107  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAR 29 1993

By [Signature]  
Title SUPERVISOR DISTRICT 12

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.