

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 28121
Address P. O. Box 421, Blanco New Mexico 87412		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <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 Federal 30-9-26	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal and Block	Lease No. SF078139
Location Unit Letter <u>B</u> : <u>900</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>30N</u> Range <u>9W</u> , <u>NMPM</u> , San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	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"/> El Paso Natural Gas Company	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. <u>None</u>	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When ?	
No	Approx 1-31-92	

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 12/20/90	Date Compl. Ready to Prod. 10/18/91		Total Depth 2750'		P.B.T.D. 2698'			
Elevations (DF, RKB, RT, GR, etc.) 5824' GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 2360'		Tubing Depth 2552'			
Perforations 2360'-2390', 2404'-2416', 2472'-2482', 2510'-2530'					Depth Casing Shoe 2750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		250'		190 sx Class B			
7 7/8"	4 1/2"		2747'		375 sx Class B			
	2 3/8		2552'					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 128	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 320	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 Baze Agent
Printed Name Carrie Baze Title
Date 1/27/92 Telephone No. 915/694-6107

OIL CONSERVATION DIVISION

Date Approved **FEB 07 1992**

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT I

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

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