

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. 30-045-28624
Address P. O. Box 421, Blanco, NM 87412-0421		
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 Florance Gas Com "H"	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State Federal Oil	Lease No. SF077833
Location Unit Letter <u>K</u> : <u>2160</u> Feet From The <u>South</u> Line and <u>410</u> Feet From The <u>West</u> Line Section <u>30</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 checked="" type="checkbox"/> Gary-Williams Energy Corporation <u>2222550</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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company <u>2222530</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 K	Sec. 30	Twp. 30N	Rge. 9W
Is gas actually connected?		When ?		
No		Approx <u>3-26-93</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 11-09-92	Date Compl. Ready to Prod. 2-12-93		Total Depth 2837'		P.B.T.D. 2787'			
Elevations (DF, RKB, RT, GR, etc.) 6080' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2497'		Tubing Depth 2694'			
Perforations 2646'-2658', 2604'-2611', 2586'-2593' 2567'-2582', 2516'-2519', 2497'-2502'					Depth Casing Shoe 2832'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	265.42'	200 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2832.46'	35 sx Scavenger + 345 sx
	2 3/8"	2694'	65/35 Poz + 100 sx Class
			B w/1% CF-14 & .4% Thrifty Lite

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
		MAR 1 1993	
		OIL CON. DIV.	

GAS WELL SI - WO PL Conn/Initial Potential - will submit when tested.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 250 psi	Casing Pressure (Shut-in) 540 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
Carrie A. Baze Agent

Printed Name 3/17/93 (915) 694-6107 Title

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 25 1993

By [Signature]
SUPERVISOR DISTRICT 13

Title

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.