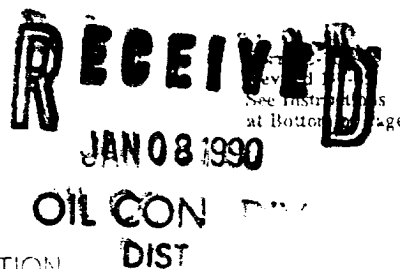


Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>GREAT WESTERN DRILLING CO.</b>	Well API No. <b>30-045-27248</b>
Address <b>2550 La Plata Hwy, Farmington, NM 87401</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> 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 <b>Pubco State Com</b>	Well No. <b>1-A</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease (State, Federal or Fee) <b>E-5386, B-11370 E-3150</b>
Location Unit Letter <b>I</b> : <b>935</b> Feet From The <b>East</b> Line and <b>1690</b> Feet From The <b>South</b> Line Section <b>36</b> Township <b>31N</b> Range <b>11W</b> , NMPM. <b>San Juan</b> 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"/> <b>Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183 Houston, TX 77251-1183</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289 Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>36</b>	Twp. <b>31N</b>	Rge. <b>11W</b>	Is gas actually connected? <b>No</b>	When? <b>1-15-90</b>

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	Sand Reov	Diff Reov
		<b>X</b>	<b>X</b>					
Date Spudded <b>8-1-89</b>	Date Compl. Ready to Prod. <b>12-12-89</b>		Total Depth <b>5260</b>		P.R.T.D. <b>5220</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6061 GL</b>	Name of Producing Formation <b>Mesa Verde</b>		Top Oil/Gas Pay <b>4280</b>		Tubing Depth <b>5127</b>			
Perforations <b>4280-5188</b>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>14-3/4"</b>	<b>10-3/4</b>	<b>259</b>	<b>277 cu. ft. 2% CaCl</b>
<b>8-5/8</b>	<b>7"</b>	<b>2897</b>	<b>659 cu. ft.</b>
<b>6 1/2</b>	<b>4 1/2 liner</b>	<b>5258</b>	<b>383 cu. ft.</b>
	<b>2-3/8" tubing</b>	<b>5127</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 less 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 <b>8.236</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>4118.44 to 1 1/3</b>	Gravity of Condensate <b>52</b>
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>808</b>	Casing Pressure (Shut-in) <b>947</b>	Choke Size <b>7/8</b>

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.

**D. E. Baxter**  
Signature  
**D. E. Baxter** Supt.  
Printed Name  
**1-4-90** **505-327-0494**  
Date Telephone No.

OIL CONSERVATION DIVISION

**JAN 08 1990**  
Date Approved  
By **Original Signed by FRANK T. CHAVEZ**  
Title **SUPERVISOR DISTRICT # 1**

INSTRUCTIONS: This form is to be filed in compliance with Rule 110.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of development 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.