

OIL CONSERVATION DIVISION

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

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 GREAT WESTERN DRILLING CO.	Well API No. 30-045-28081
Address 2550 La Plata Hwy, Farmington, NM 87401	
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 LAWSON GAS COM "A"	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078040
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>31N</u> Range <u>11W</u> , NMPM, 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"/>	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit * 11	Sec. 31N	Twp. 11W	Rge. 11W	Is gas actually connected? no	When ? WO El Paso

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 9-27-90	Date Compl. Ready to Prod. 10-1-90	Total Depth 2789		P.B.T.D. 2720				
Elevations (DF, RKB, RT, GR, etc.) 5877 GR 5879	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2328-2591		Tubing Depth 2629				
Perforations 2328-31, 2522-33, 2558-75, 2584-87, 2590-91,				Depth Casing Shoe None				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 261		SACKS CEMENT 295 cu. ft. class "B"			
	4 1/2"		2789		617 cu. ft. 65/35 poz 6% gel + 236 cu. ft. class "B"			
	2-3/8"		2629					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size AUG 20 1991.
		Gas - MCF OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D 2720	Length of Test 24 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (prior, back pr.) Flowing	Tubing Pressure (Shut-in) 228	Casing Pressure (Shut-in) 581	Choke Size 3/4"

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.

Roberta Matthews
Signature
Roberta Matthews clerk
Printed Name
8-9-91 327-0494
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 20 1991
Date Approved
By Barry Chang
SUPERVISOR DISTRICT #3
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.