

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 SB Interests I, Ltd.	Well API No. 30-045-28851
Address P. O. Box 421, Blanco, NM 87412-0421	
Reason(s) for Filing (Check proper box): New Well <input checked="" 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 Federal 31-11-28	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State Federal Oil Gas	Lease No. SF078097
Location Unit Letter <u>H</u> <u>1360</u> Feet From The <u>North</u> Line and <u>950</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>31N</u> Range <u>11W</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	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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
Well produces oil or liquids, <input type="checkbox"/> or both oil & liquids <input type="checkbox"/>	Unit <u>H</u> Sec. <u>28</u> Twp. <u>31N</u> Rge. <u>11W</u>	Is gas actually connected? <input type="checkbox"/> No <input type="checkbox"/> When? <u>Approx 4/15/93</u>
If gas 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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>12-04-92</u>	Date Compl. Ready to Prod. <u>03-16-93</u>	Total Depth <u>2560'</u>		P.B.T.D. <u>2512'</u>				
Elevation (D.F., RKB, RT, GR, etc.) <u>5810' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2220'</u>		Tubing Depth <u>2419'</u>				
Interval <u>2362'-2384', 2327'-2329', 2231'-2233', 2225'-2227', & 2220'-2222'</u>				Depth Casing Shoe <u>2555'</u>				

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>269.22'</u>	<u>200 sx Class B w/2% CaCl</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>2555.70'</u>	<u>10 Bbls Scavenger + 215</u>
	<u>2 3/8"</u>	<u>2419'</u>	<u>sx 65/35 Poz + 100 sx</u>
			<u>Class b w/1% CF-14</u>

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 of well or all depths.)			
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 <u>APR 22 1993</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>OIL CON. DIV.</u>
<u>DIST. 3</u>			

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) <u>400 psi</u>	Casing Pressure (Shut-in) <u>400 psi</u>	Choke Size <u>1/4"</u>

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
Date 4/16/93 Title
(915) 694-6107
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1993

By [Signature]
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) See note Form C-104 must be filed for each pool in multiply completed wells.