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SAITTA IL DE W MEXICO 87501

RECEIVED	
DISTRIBUTION	
MANAGER	
CLERK	
DEPUTY	
LAND OFFICE	
TRANSPORTER	ON GAB
OPERATOR	
PROMOTION OFFICE	
Control	

Address Suite 020, Kysar Building
300 W. Arrington, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☒

Change in Transpiration:

Recompletion ☐

CH

Dry Gas. ☐

Change in Ownership:

Castinghead Gas

Condensate

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Property Name, including Formation	State, Federal or Non-Federal	File No.
USA	4	Blanco Mesa Verde	Federal	SF0788

Location _____
Unit Letter N ; 790 Feet From The South Line and 1790 Feet From The West _____
Line of Section 24 Township 32 North Range 13 West , NMPM, San Juan _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER (A) ☐ or Condemner (B) ☐					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condemner (B) ☐					11111111111111111111	
Name of Authorized Transporter of Gasoline (A) ☐ or Dry Gas (X) ☒					Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering Company					1st. International Building - Dallas, Texas	
					ATTN: R.J. McCrary 75270	
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When.	
Unit	Sec.	Twp.	Rge.			
N	24	32	13	No		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of	Section - (X)	(X)	(X)		
Date Spudded 5/29/81	Date Compl. Ready to Prod. 7/20/81	Total Depth 4750'	P.R.T.D. 4727'		
Elevations (D.F., RT, GR, etc.) 5910' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4484'	Tubing Depth 4549'		
Perforations 4484, 86, 88, 90, 92, 94 - 4504, 16, 18, 20, 22, 24, 26, 58, 60, 78, 80,	4604, 06, 20, 24, 26.		Depth Casing Shoe 4738'		

TUBIN, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	300'	300 sx. Class "B"
7 7/8"	4 1/2"	4738'	1715 sx. 50/50 Poz
	1 1/2"	4549'	

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 greater than the volume of oil lost in the test. If the test is for less than 24 hours, the test must be for the full 24 hours.)

OIL WELL		DATE OF TEST	
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 Press. Test-MCF/D	Length of Test	Rate, Condensate/MMCF	Choke Size
2089	3 HRS.		1 1/2" (1.5")
Testing Method (piston, back pr.)	Testing Pressure (psia-in)	Coating Pressure (psia-in)	75
Back Pressure	905	905	

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.

APPROVED _____, 19____
 Original Signed by **FRANK T. CHAVEZ**
 BY _____
 SUPERVISOR DISTRICT # 3
 TITLE _____

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULES 111.

All sections of this form must be filled out completely for all data on first case to be completed validly.

Fill out only Sections I, II, III, and VI for changes of name, number, or description, or other such change of condition.

Separate Form C-101 must be filed for each pool in each
calendar year.¹¹