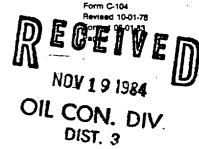
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUT	0#	1	1
SANTA PE		+-	┿┈
FILE		+-	┼
U.S.Q.4.		†	┼
LAND OFFICE		 	┼─
TRANSPORTER	OIL	1	┢
	TAS		_
OPERATOR			_
PROBATION OFF	ICE		_

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRAN	ASPORT OIL AND NATURAL GAS DIST. 3		
Operator			
Lobo Production			
70.7			
PO Bxo 2364 Farmington, NM 87499	·		
1 7 New West	Other (Please explain)		
Change in Transporter of:			
Change in Ownership Casinghead Gas	Dry Gas		
	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
well No. Pool Name, Including			
Scorpio 1 Basin Dakota	State, Federal or Fee FED. Usa\$F078818A		
11-11-11 A 025			
Unit Letter A : 935 Feet From The FNL Li	ine and 810 Feet From The FEL		
Line of Section 15 Township 32N Range	13		
	LOW , NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I GAS		
or Londensgte	Address (Give address to which approved copy of this form is to be sent)		
Giant Refinery Refining Co.	PO Box 256 Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent		
	Petroleum Club Plaza Farmington, NM 87401		
If well produces oil or liquids, Unit Sec. Twp. Rgs. qive location of tanks.	Is gas actually connected? When		
1 1 1 1 3 1 3 2 N 1 1 3 W	no December 1, 1984		
f this production is commingled with that from any other lease or pool,	give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
71. CERTIFICATE OF COMPLIANCE			
	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have	MAPPROVED DEC 21 1984		
een complied with and that the information given is true and complete to the best of my knowledge and belief.	19		
-	Original Signed by FRANK T. CHAVEZ-		
, where the same ,	TITLE SUPERVISOR DISTRICT # 3		
Which has been a second as the second as	GOI ENTIOUR DISTINCT (F. S		
	This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompanies.		
Tilla	- accordance AITH MULE 144		
11-15-84	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	Fill out only Sections I W www.		
.	The second of th		
ll l	Separate Forms C-104 must be filed for each pool in multiply completed wells.		

Designate Type of Comp	letion - (X)	New Well	Workover Deeper	n Plug Back Same Ree'v. Diff. Ree
Date Spedded	Date Compl. Ready to Prod.	Total Depti	<u> </u>	P.B.T.D.
5-25-84	6-29-84	46451	KB	4628' KB
Devotions (DF, RKB, RT, GR, et	Name of Producing Formation	Top OII/Go		Tuhing Deeth
6004.0 GR	Basin Dakota	4445		4628
Performions				Depth Casing Shoe
4625' to 4445'				
	TUBING, CASING,	AND CEMENTI	NG RECORD	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
2 1/4"	9 5/8 " 36#	225" K	CB	126 c.f.
7 7/8"	7" 23# J-55	2652		1:531 c.f.
6 1/4"	5 1/2" 15.5# J-55	2485-45441		1.185 C.f.
	2 3/8"	4628''		++++

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Doe First New Oil Run To Tanks	Date of Teet		Producing Method (Flow, pump, gas lift, esc.)		
Langth of Test	Tuhing Pressure	Casing Pressure	Choke Size 3/4"		
Actual Prod. During Teet	OII - Bhis.	Weter - Bhis.	Gas-MCF		

GAS WELL

Assual Prod. Tool-MCF/D	Length of Test	Philosophia and an analysis	
		Bhis. Condensets/MACF	Gravity of Condensate
45 0	3 hrs	1 0	1 0
Testing Method (pitot, back pr.)	Tubing Procours (Shut-in)	Cosing Pressure (Shut-is)	Choke Size
back pr	\$ 8/2	71	3/4"
Dack DI	01.2	PKO.	1. 3/4"