

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
RECEIVED
NOV 19 1984
OIL CON. DIV.
DIST. 3

I. Operator
Lobo Production

Address
PO Bxo 2364 Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas
		<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scorpio	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee FED. Usa	Lease No. F078818A
Location Unit Letter <u>A</u> : <u>935</u> Feet From The <u>FNL</u> Line and <u>810</u> Feet From The <u>FEL</u>				
Line of Section <u>15</u> Township <u>32N</u> Range <u>13W</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 checked="" type="checkbox"/>	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 <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	Petroleum Club Plaza Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	A 15 32N 13W
Is gas actually connected?	When
no	December 1, 1984

If 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.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
Operator
(Title)
11-15-84
(Date)

OIL CONSERVATION DIVISION
12-21-84
APPROVED DEC 21 1984, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
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 accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
			X	X					
Date Spudded 5-25-84	Date Compl. Ready to Prod. 6-29-84	Total Depth 4645' KB				P.B.T.D. 4628' KB			
Elevations (DF, RKB, RT, GR, etc.) 6004.0 GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 4445'				Tubing Depth 4628'			
Perforations 4625' to 4445'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
2 1/4"	9 5/8" 36#		225" KB		126 c.f.				
7 7/8"	7" 23# J-55		2652'		531 c.f.				
6 1/4"	5 1/2" 15.5# J-55		2485-4544'		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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 450	Length of Test 3 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) back pr	Tubing Pressure (Shut-in) 813	Casing Pressure (Shut-in) PKC	Choke Size 3/4"