| TGY AND MINERALS PUPARTMENT | TIL CONSERV | ATION DIVISIC | Revised 10-1-78 | | | | |
|--|--|--|--|--|--|--|--|
| | P. O. DO | DX 2088 | | | | | |
| P N P | SANTA FL, NEV | W MEXICO 87501 | | | | | |
| LAND OFFICE | | RALLOWABLE | | | | | |
| TRANSPONTER GAB | | ND PORT OIL AND NATURAL GAS | | | | | |
| PADRATION OFFICE | | | | | | | |
| Shanley Oil Compan | .y | | · | | | | |
| 9400 N. Central Ex Reason(s) for filing (Check proper bo | pressway, Suite 313, | Dallas, Texas 7523] Other (Please explain) | | | | | |
| New Well | Change in Transporter ol: | Change in owr | - | | | | |
| Recompletion Change in Ownership X | Oll Dry Ga Casinghead Gas Conder | | -1-83. | | | | |
| I change of ownership give name | Threshold Development | Company, Suite II-A | A, 777 Taylor St., | | | | |
| | Fort Worth, Texas 76 | 102 | | | | | |
| DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including F | | | | | | |
| U.S.A. | 1 Bluitt San A | ndres illate, State, Fed | Fral or Foo Federal 0408232 | | | | |
| Unit Letter I : 19 | 80_Feel From The South_Lin | ne and <u>660</u> Feel Fro | m The East | | | | |
| Line of Section 7 T. | Anship 8-S Range 3 | 8-E , NMPM, ROOSE | velt Count | | | | |
| FSIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | IS | · | | | | |
| Name of Authorized Transporter of Cli XX or Condensate | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | ame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of | | | | | | |
| N/A If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | | |
| give location of tanks. | ith that from any other lease or pool, | give commingling order number: | <u></u> | | | | |
| COMPLETION DATA | ¹ Oil Well ¹ Gas Well | New Well Workover Deepen | Plug Back Some Restv. Diff. br | | | | |
| Designate Type of Completi | on – (X) | 1 0 1 2 0 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u> | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | |
| Perforations | <u></u> | · · · · · · · · · · · · · · · · · · · | Depth Casing Shoe | | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | ······ | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | |
| | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | | |
| TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a) able for this de | fier recovery of socal volume of load o pth or be for full 24 hours) | il and must be equal to or exceed top c. | | | | |
| DIL WELL Date First New Dil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lij1, e1c.) | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | |
| Actual Prod. During Test | Oll-Bbla. | Water-Bbis. | Gas-MCF | | | | |
| | | | | | | | |
| GAS WELL | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbla. Condensule/MMCF | Gravity of Condensate | | | | |
| Testing Method (puot, back pr.) | Tubing Presswe (shat-in) | Casing Presewe (Sbut-12) | Choke Sixe | | | | |
| ERTIFICATE OF COMPLIAN | CE | DIL CONSERV | ATION DIVISION | | | | |
| | | AUG AUG | - 8 1984 | | | | |
| hereby certify that the rules and regulations of the Oll Conservation ivision have been complied with and that the information given have is true and complete to the best of my knowledge and belief. | | Fride W | . Seay | | | | |
| | | Old & Gas Inspector | | | | | |
| AIL | | This form is to be filed in | n compliance with MULE 1104. | | | | |
| UNMOOR | | If this is a request for allowable for a newly drilled or deeper- | | | | | |
| (Signature) Senior Vice President | | tests taken on the well in accordance with AULE 111. | | | | | |
| 11-4-83 (Date) | | All sections of this form must be filled out completely for alle- sole on new and recompleted wells. Fill out only Sections I, II, III, end VI for changes of own- well manie or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each pool in multi- romulated wells. | | | | | |
| | | | | | | in a construction of the c | |