

P. O. BOX 2088

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
EIGHT MINUTE ITEM	
SANSAGE	
FILE	
N.S.O.S.	
LAND OFFICE	
TRANSPORTER:	OIL GAS
OPERATION	
OPERATION OFFICE	

Address

Reason(s) For Filing (Check proper box)

New Well	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

On ~~CASINORHEAD~~ GAS MUST NOT BE
PLACED AFTER 10/1/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

~~THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.~~

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				10-1-83		Lease No.		
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		Lease No.			
Tucker ABI	2	No. Chaveroo Permo Penn	1st 1/2, 1st 1/4, 1st 1/8 or Fee Fee					
Location								
Unit Letter	E	: 1980	Feet From The	North	Line and	660	Feet From The	West
Line of Section	11	Township	7S	Range	33E	, NMPM, Roosevelt		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Co.						
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)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	11	7s	33e	NO	

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

5. COMPLETION DATA

COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X		X					
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
4-12-85		7-18-85			8426'			8265'		
Elevations (DT, R&H, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
4373.5' GR		Permo Penn			8205'			8186'		
Perforations								Depth Casing Shoe		
8205-8209'								8423'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	356'	275
11"	8-5/8"	3415'	1150
7-7/8"	5-1/2"	8423'	300
	2-7/8"	8186'	

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 or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 6-26-85	Date of Test 7-18-85	Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 2	Oil-Bbls. 2	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Coaling Pressure (Shot-in)	Choke Size

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.

James L. Goodlett
(Signature)

Production Supervisor

7-25-85

(Date)

OIL CONSERVATION DIVISION

AUG - 5 1981

APPROVED Aug 5 1960, 19

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT ATTORNEY

TITLE

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for all
able 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 Form C-104 must be filed for each pool in multiple.

RECEIVED

JUL 31 1985

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