

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 20 1981

1. OPERATOR		Coronado Exploration Corp.	
Address		1005 Marquette NW Albuquerque, New Mexico 87102	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE PLACED AFTER 4/1/81 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.	
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"/>	

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE PUBLIC DOMAIN BELOW IF YOU DO NOT OBTAIN THIS OFFER.

II. DESCRIPTION OF WELL AND LEASE		R-6657 5-1-81	
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
W. Cato	1	Cato San Andres (Und.)	State, Federal or Fee
Location		Fee	
Unit Letter	H	1980 Feet From The North Line and 660 Feet From The East	
Line of Section	18	Township 8S Range 30E, NMPM, Chaves County	

III. 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 Crude Oil	Artesia, New Mexico		
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)		
N/A			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	H	18	8S
			30E

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-01-80	11-08-80	3375'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4092.0 Gr.	S ughter SA	3200	3250'
Perforations	Depth Casing Shoe		
3200,01,02,04,15,18,19,26,27,28,29	3200		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	23#	1010'	500 sx Class C
4 1/2"	9.5#	3360'	175 sx Class C, 25 sx Self-Stress

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)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-08-80	12-08-80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	1.16 bbls.	5.8	TSTM

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

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

Gail Quinich
(Signature)
Production Secretary
(Title)
February 19, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED February 19, 1981, 19
BY Gail Quinich
TITLE SUPERVISOR DISTRICT

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.