

DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87101

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CASA PETROLEUM, INC.	
Address 105 NORTH SIXTH STREET ARTESIA, NEW MEXICO 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) REQUEST ALLOWABLE	

If change of ownership give name and address of previous owner _____ CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

DESCRIPTION OF WELL AND LEASE			
Lease Name ROSE STATE	Well No. 2	Pool Name, including Formation VACUUM, GRAYBURG, SAN ANDRES	Kind of Lease State, Federal or Fee STATE
Location			
Unit Letter N : 2080 Feet From The WEST Line and 660 Feet From The SOUTH			
Line of Section 5 Township 18S Range 34E NMPM, LEA			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 157 ARTESIA, N.M. 88210	
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 N	Sec. 5	Twp. 18S
		Rge. 34E	Is gas actually connected? When

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

COMPLETION DATA			
Designate Type of Completion - (X)			
Date Spudded 7/9/84	Date Compl. Ready to Prod. 9/1/84	Total Depth 5600'	P.B.T.D. 5550'
Elevations (DF, RKB, RT, GR, etc.) 4066	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay	Tubing Depth 5220
Perforations 5152-5192			Depth Casing Shoe 5584

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1620	CTRC
7 7/8	5 1/2	5594	400
	2 7/8	5220	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/8/84	Date of Test 10/4/84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 90	Oil-Bbls. 40	Water-Bbls. 50	Gas-MCF 60

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

Mary O. Han
(Signature)
Secretary
(Title)
1/7/85
(Date)

OIL CONSERVATION DIVISION
JAN 28 1985
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
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 own well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in multi completed wells.

RECEIVED

JAN 25 1985

O.C.D.
HOBBS OFFICE