

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator General Operating Company	
Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request a test allowable of 1100 barrels for oil produced while testing well and a daily allowable of 10 BOPD subsequent to this filing.
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

~~CASINGHEAD GAS MUST NOT BE
PLACED INTO THE MARKET
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.~~

DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe State	Well No. 1	Pool Name, Including Formation E-K Yates-SR-Queen	Kind of Lease State, Federal or Fee State	Lease No. LG-1125
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>18S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

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. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	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 <u>C</u> Sec. <u>17</u> Twp. <u>18S</u> Rge. <u>34E</u>	Is gas actually connected? <u>No</u> When <u>---</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/>
Date Spudded 1/05/85	Date Compl. Ready to Prod. 4/11/85	Total Depth 4820' RKB	P.B.T.D. 4803' RKB
Elevations (DF, RKB, RT, GR, etc.) 4063.3' GR, 4073.3' RKB	Name of Producing Formation Queen	Top Oil/Gas Pay 4462' RKB	Tubing Depth 4717' RKB
Perforations Upper Queen 4462'-68' RKB and 4472'-76' RKB Penrose (Lower Queen) 4685'-92' RKB			Depth Casing Shoe 4820' RKB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4" and 11"	8-5/8" OD	1659' RKB	800
7-7/8"	4-1/2" OD	4820' RKB	350
4"	2-3/8" OD	4717' RKB	None

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/14/85	Date of Test 11/08/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size None
Actual Prod. During Test 25 BF	Oil-Bbls. 10	Water-Bbls. 15	Gas-MCF 39

GAS WELL

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

C. W. Stumhoff

(Signature)

Vice-President

(Title)

November 12, 1985

(Date)

OIL CONSERVATION DIVISION

DEC 17 1985

APPROVED _____, 19

BY _____, DEPARTMENT OF ENERGY

DEPARTMENT OF ENERGY

TITLE _____

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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
DEC 30 1985
FBI - NEW YORK