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ļ	DISTRIBUTION	_			
	SANTA FE /		CONSERVATION COMMISSION	Form C-104	
	FILE /	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	Cγ2	
	LAND OFFICE		AND THE AND THE ONAL	- 0/13	
	TRANSPORTER OIL /				
	GAS				
_	OPERATOR 2		TRANSPORTER CHANGED FI	ROM SHELL	
1.	Operator Operator		TRANSPORTER CHANGED TO OIL COMPANY TO SHELL	PIPE LINE	
	TENNECO OIL COMP.	ANY	OIL COMPANY TO SHELL CORPORATION EFFECTIVE	12/31/69	
	Suite 1200 Lincoln Tower Building - Denver, Colorado 80203				
	Reason(s) for filing (Check proper box)  New Well Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership		ensate		
	76 -1				
	If change of ownership give name and address of previous owner				
	ACCONTRACTOR OF BUYER AND A CACC				
11.	DESCRIPTION OF WELL AND LEASE Lease Name  Lease No. Well No. Pool Name discluding Formation  Kind of Lease				
	Whigham	1 Hos	pah Gallup Upperx	State Federal or Fee Fee	
	Location	1, 2, 1,03		faria 1ce	
	Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East				
	Line of Section 11 To	wnship 17N Range	9W , NMFM, McKi	nlev County	
***	DECICNATION OF TRANSPOR	TED OF OH AND NATURAL C	46		
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil 💢 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)				
	Plateau		P.O. Nox 108, Farming	gton, New Mexico	
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	None		None		
	if well produces oil or liquids,	Unit Sec. Twp. Rge.		When	
	give location of tanks.	I 11 17N 9W	· No	Oil Well - No Gas	
	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	, give commingling order number:		
14.		Oil Well Gas Well	New Well Workover Despen	Plug Back   Same Res'v. Dift. Res'v.	
	Designate Type of Completi	on - (X) X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3/26/66	4/30/66 Name of Producing Formation	1752	1751 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 7108 Gr.		Top Oil/Gas Pay  1690	1690	
	Perforations	Hospah Gallup	1030	Depth Casing Shoe	
	1690-1696 - Hosp	ah Gallup		1752	
			ID CEMENTING RECORD		
.	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	8-3/4"	7'' 17#	30	10 sx	
	7-7/8"	4½" 9.5#	1748	60 sx	
•,	TEGER DATA AND DEOLEGY F	FOR ALLOWARIE (Total Total La	after an extension of least	ail and must be equal to an exceed top allow-	
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, ga.	s lift, etc.)	
		6/17/68	Pump		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hr. Actual Prod. During Test	Otl-Bbis.	Water-Bbis.	None Gas-MCF	
	Actual Float Dating 1001	1	0	None	
	I				
	GAS WELL		AFI	471	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM9F	Gravity of Condensate	
			Casing Pressure	Challe Shee	
	Testing Method (pitot, back pr.)	Tubing Pressure	Cdsing Pressure	9 1968 Sze	
•			الله ال	VA TENNA COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		OL COMSER	NA <b>COM.</b> COMMISSION  31. 3 JUL 9 <sub>19</sub> 1968	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		,		
			Original Signed	by Emery C. Arnold	
			BY	SUPERVISOR DIST. #3	
	$\wedge$		TITLE		
			This form is to be filed in compliance with RULE 1104.		
	Jarry M. Kegos		If this is a request for a	If this is a request for allowable for a newly drilled or deepened	
	(Signdture)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Office Supervisor		All sections of this form	must be filled out completely for allow-	
	(Title)		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 Forms C-104 must be filed for each pool in multiply pleted wells.

(Date)

6/26/68