NO. OF COPIES RECEIVED			5
DISTRIBUTION			Ī
SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR		2	
PRORATION OFFICE			

11.

III.

IV.

DISTRIBUTION	NEW MEXIC	CO OU C	ONSERVATION COMMISSION	Form C-104	
SANTA FE /	1	NEW MEXICO CIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			
FILE		• -	AND	Effective 1-1-65	
u.s.g.s.	AUTHORIZATION	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE			_		
TRANSPORTER GAS			TRANSPORTER CHANGED	. 5001	
OPERATOR 2		<			
PRORATION OFFICE	OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69				
Operator				12/31/59	
	leum Corporation	·			
Address			#0000		
	ive, San Antonio,	Texas			
Reason(s) for filing (Check proper bo		£	Other (Please explain	1)	
New Well Recompletion	Change in Transporter o	Dry Ga	Change of	Lease Name	
Change in Ownership	Casinghead Gas	Conder			
If change of ownership give name and address of previous owner	- D LEASE				
Lease Name	Well No.	1	me, Including Formation Hospah Lower Sand	Kind of Lease State, Federal or Fee Fee	
Santa F'e Railroad "A	74	boum	Hospan Dower Cane	State, Federal of Fee	
	50 Feet From The Sou	th	e and 330 Feet	From The East	
Unit Letter 1; 16!	Feet From The	Lin	e and Feet	From the	
Line of Section $f 1$, T	ownship 17N F	Range	9W , NMPM,	McKinley County	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of O		RAL GA	Address (Give address to which	approved copy of this form is to be sent)	
Shell Oil Company			Farmington, New Mexico		
Name of Authorized Transporter of C	asinghead Gas or Dry Ga	ıs 🗀		approved copy of this form is to be sent)	
-				•	
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	Is gas actually connected?	When	
give location of tanks.	K 1 17N	9W	•		
If this production is commingled w	ith that from any other lease	e or pool,	give commingling order numbe	Not commingled	
COMPLETION DATA		as Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet	ion - (X)				
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.	
Pool	Name of Producing Formatio	n	Top Oil/Gas Pay	Tubing Depth	
Perforations				Depth Casing Shoe	
CHORAGO					
	TUBING, CAS	ING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST 1	FOR ALLOWARLE (Test	must be a	fter recovery of total volume of lo	ad oil and must be equal to or exceed top allow	
OIL WELL			pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump,		
			O. S. D.	Chald Stee	
Length of Test	Tubing Pressure		Casing Pressure	Chok# Size	
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Can ICE	
Actual Flod. Bulling Test	, , , , , , , , , , , , , , , , , , ,			OIL CON. COM.	
				DIST. 3	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke Size	
				-DV4 TION 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
CERTIFICATE OF COMPLIA	NCE		OIL CONSE	ERVATIO 1969 MMISSION	
T to continue and the above of the con-	I regulations of the Oil C	orustis-			
I hereby certify that the rules and Commission have been complied	with and that the informati	on given	Original Signed 1	oy Emery C. Arnold	
above is true and complete to the	he best of my knowledge an	d belief.	BY		

VI.

Vice President

(Title)

October 24, 1967

TITLE __

SUPERVISOR DIST. #3

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 Sections I, II, III, and VI only 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.