NO. OF COPIES REC	4		
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SANTA FE		1	
FILE		1	L
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRORATION OFFICE			
Cherator /+	IJSK	<i>y</i>	
A 1.1		1	

NO. OF COPIES RECEIVED			1
DISTRIBUTION			
SANTA FE			Form C-104 Supersedes Old C-104 and C-1
FILE	KLQUESI	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	CAS
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
TRANSPORTED OIL /			
TRANSPORTER GAS			
OPERATOR /		r.	
PRORATION OFFICE	Burwindle 9	Sean for 8	
Cperator	•	,	
	ENERGY Corpor		
124 \	DEKSON N.E.	Albuquerque, N.	Mex
1 —		(Please explain)	
New Well	Change in Transporter of:	-	
Recompletion	Cil Dry G	<del>-</del>	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name and address of previous owner	Burumkie &	Scanlon 120	VAGGAR N.E. ABO
. DESCRIPTION OF WELL AN	D LEASE		
Lease Mame	Well Nc. Pool N	ame, Including Formation	Kind of Lease
(x-1883)	OHWell I Cha	ca Maxis - Mean Herde	State, Federal or Fee State
Location	77.5-6.1	ee constitution that	
Unit Letter C.	165 Feet From The N Li	ing and 2/45 Foot From	ma w
Onit Letter,	reet Flom The // Li	me did reet rrom	ine
Line of Section 28 , T	Township LC N Range	9h/ , NMPM, M	Chinkey County
			- County
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
PLATERY IN	10-	F.C. Box 108 FA. Address (Give address to which appro	reminators WMest
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	hen
give location of tanks.	C 28 20N 9W	/	
If this production is commissed to		give commingling and an number	
· COMPLETION DATA	with that from any other lease or pool,	give comminging order number.	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Complet	zion - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-20-67	10-1-67	523	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Res Min Sand	508	16ve
Perforations	HED / Till. Jane	1 300	Depth Casing Shoe
1	OPEN HOLE		50.5
TOONE		ID CENTRITING DECORD	323
1101 5 6175		D CEMENTING RECORD	1
HOLE SIZE 4 -3/4 "	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 74	1 18	505	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL		epth or be for full 24 hours)  Producing Method (Flow, pump, gas l	26.
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ijt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			/ KLUE
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			MAY
			OIL CON. COM.
GAS WELL			OIL CON COM
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensar IST. 3
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION
. Saminated Complia			
		11 P	rat 31 91

## VI.

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.

Willean	, Hirag			
President	Jusking	nature) Energy	Corp.	
may.	4, 197	(itle) / / / / / / / / / / / / / / / / / / /		_

APPROVED \_\_\_\_ By Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 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 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.

Martin Committee

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