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	DISTRIBUTION		NEW MEXICO OU C	ONSERVATION COM	MISSION	$\alpha \Lambda$	Form C-104	
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V.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Or Shell Oil Compa Name of Authorized Transporter of Co If well produces oil or liquids, give location of tanks.  If this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded 9/2/67  Elevations (DF, RKB, RT, GR, etc.) 6908 G. L. 6916 RKB Perforations  None -  HOLE SIZE  12-1/4!! 7-7/8!!  TEST DATA AND REQUEST FOIL WELL Date First New Cit. Run To Tanks 10/20/67  Length of Test	TER OF OIL  To compute the compute that from a con - (X)  Date Compute the compute that from a con - (X)  Date Compute the compute that from a con - (X)  Date Compute that from a con - (X)  Tubing Press	c. Twp. Rge. 7 17N 8W  any other lease or pool, Condensate Twp. Rge. 7 17N 8W  any other lease or pool, Coll Well Gas Well X Ready to Prod. Condensation Condensa	Address (Give address Farmingto: Address (Give address  Is gas actually connect  Is gas actually connect  New Well Workover  X Total Depth 1567-1/2 RK Top Oil/Gas Pay  1564 RKB  D CEMENTING RECO DEPTH 69' R 1562' I 1538' I  after recovery of total volepth or be for full 24 hor Producing Method (Fl	er number: Deepen Deepen  KB  KB  KB  CKB  Clume of load ars) ow, pump, ga.	Mexico proved copy When  Not co Plug P.B.7  Tubin Depth  60  clift, etc.)	of this form is  of this form is  of this form is  mmingled  Back   Same Re  1538 R  Casing Shoe  1562 R  SACKS CE  40 sack  sacks Class  st be equal to on  e Size  None	to be sent)  to be sent)  d estv. Diff. Restv.
V.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Or Shell Oil Compa Name of Authorized Transporter of Or If well produces oil or liquids, give location of tanks.  If this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded 9/2/67  Elevations (DF, RKB, RT, GR, etc., 6908 G. L. 6916 RKB  Perforations  None -  HOLE SIZE  12-1/41' 7-7/8"  TEST DATA AND REQUEST FOIL WELL Date First New CL. Bun To Tanks 10/20/67	TER OF OIL  To compute the compute that from a con - (X)  Date Compute the compute that from a con - (X)  Date Compute the compute that from a con - (X)  Date Compute that from a con - (X)  Tubing Press	or Dry Gas or Dry Gas or Dry Gas or Dry Gas or Twp. Rge. 7 17N 8W only other lease or pool, Oil Well Gas Well X Ready to Prod. 67 ducing Formation or Hospah Gallun e 4-3/4" TUBING, CASING, AN IG & TUBING SIZE 8-5/8" 5-1/2" 2-3/8" ABLE (Test must be able for this details of the content of th	Address (Give address Farmingto: Address (Give address  Is gas actually connect  Is gas actually connect  New Well Workover  X  Total Depth 1567-1/2 RK  Top Oil/Gas Pay 1564 RKB  DEPTH 69' R 1562' I 1538' I  after recovery of total volume to be for full 24 hore Producing Method (File Pum Casing Pressure	er number: Deepen Deepen  KB  KB  KB  CKB  Clume of load ars) ow, pump, ga.	Mexico proved copy When  Not co Plug P.B.1 Tubin Depth  60  oil and must	of this form is  of this form is  of this form is  mmingled  Back   Same Re  1538 R  Casing Shoe  1562 R  SACKS CE  40 sack  sacks Class  st be equal to on  e Size  None	to be sent)  to be sent)  d estv. Diff. Restv.

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

GAS WELL
Actual Prod. Test-MCF/D

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.

(Signature)

Length of Test

Tubing Pressure (Shut-in)

Petroleum Engineer

(Title)

November 20, 1967

(Date)

OIL CONSERVATION COMMISSION NOV 29 1967

Gravity of Condensate

Choke Size

APPROVED

Stored by Emery C. SUPERVISOR DIST. Arnold

TITLE .

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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 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 completed wells.