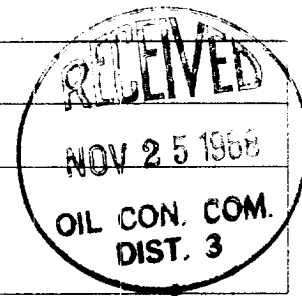


NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

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

B.L.



Henry B. Birdseye

P. O. Box 8294, Albuquerque, N. M. 87108

Reasons for filing (Check proper box)

New Well	Change in Transporter of:
Recompletion	Oil <input type="checkbox"/>
Change in Ownership	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Santa Fe Railroad Co.	3	Chaco Wash NW (Menefee)	State, Federal or Fee
Location			Fee
Unit Letter	165	Feet From The	South Line and
Line of Section	21	Township	20N Range
			9W, NMPM, McKim County

III. 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)
Plains, Inc.		Box 108, Farmington, N. M.
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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	Sec.
	P	21
		Twp.
		20N
		Rge.
		9W
Is gas actually connected?	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-3-68	11-8-68	320'						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Chaco Wash Menefee	Menefee	322'						
Perforations			Depth Casing Shoe					
open hole								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 1/2" OH	5 1/2" cas., 2" EUE YEG.	322'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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, gas lift, etc.)	
11-8-68	11-8-68	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	0	none (OH)
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	32	0.1	7570
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION

NOV 25 1968

APPROVED

Original Signed by Emery C. Arnold

BY

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.

(Signature)

Operator

(Title)

11-16-68

(Date)

