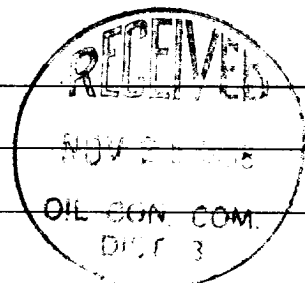


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TRANSPORTER	OIL	1
	GAS	
OPERATOR	2	
PRORATION OFFICE		

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-11
Effective 1-1-65



I. Operator
Henry S. Birdseye
Address
P. O. Box 8294, Albuquerque, N. M. 87108

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Railroad Co.	Well No. 6	Pool Name, Including Formation Chaco Wash - Menefee <i>Menefee</i>	Kind of Lease State, Federal or Fee Fee
Location Unit Letter <u>M</u> ; <u>160</u> Feet From The <u>South</u> Line and <u>165</u> Feet From The <u>West</u> Line of Section <u>22</u> , Township <u>20 N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 108, Farmington, N.M.				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 P	Sec. 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>			
Date Spudded 8-27-68	Date Compl. Ready to Prod. 11-18-68	Total Depth 349'	P.B.T.D.
Pool Chaco Wash MV	Name of Producing Formation Menefee	Top Oil/Gas Pay 337'	Tubing Depth 335'
Perforations Open Hole			Depth Casing Shoe 338'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 6-3/4"	CASING & TUBING SIZE 4 1/2", 2" EUE	DEPTH SET 4 1/2"/338'	SACKS CEMENT 25

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 11-18-68	Date of Test 11-18-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 4 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size None (2")
Actual Prod. During Test 4 bbl.	Oil-Bbls. 4	Water-Bbls. 0	Gas-MCF TSTM

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

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.

W. B. Birdseye
(Signature)

Operator

(Title)

11-21-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

PETROLEUM ENGINEER DIST. NO. 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.

