	NO. OF COPIES RECEIVED	14						
	DISTRIBUTION	<u> </u>	\sqcup			NEV	V MEXI	CO OIL
	SANTA FE	1_/					RE	EQUES
	FILE	$\perp \perp$						
İ	U.S.G.S.	<u> </u>	<u> </u>	A	UTHO	DRIZ	MOITA	TO T
	LAND OFFICE TRANSPORTER OIL							
	GA.S OPERATOR	1	H					
	PRORATION OFFICE							
	Operator COLORADO PLATE	EAU	GEOL	OGIC	AL S	ERVI	CES.	INC.
	Address P.O. Box 537;							
	Reason(s) for filing (Check)	proper	box)	, , ,			1100	07 101
١	New Well			Ch	ange ir	Trans	sporter c	of:
ı	Recompletion			Oi	l			Dry
Į	Change in Ownership X			Ca	singhe	ad Gas	. 🗆	Con
1	If change of ownership giver and address of previous over the contract of the	e nar vner	ne	Henr	уS.	Bir	dsey	e(Dec
	DESCRIPTION OF WEL	LA	ND L	EASE	II No	Pool	Name I	ncluding
l				!			-	
Ì	Santa Fe Pacif	1 <u>c</u>			106	<u>Ch</u>	iaco I	<i>l</i> ash
	Unit Letter M	: _1	60	F	et Fro	m The	Soutl	<u>1</u> 1
	Line of Section 22		Town	ship	20N		. F	Range
ſ	DESIGNATION OF TRA							RAL
-	Plateau, Inc.	eter o	Casta	ahead	Cas [3 6	Dry Co	
İ	NA NA NAME OF AUTHORIZED TRUNSPOR	rter o	Casin	ignada	Gus [_	J 64	Diy Go	"s
Į								,
İ	If well produces oil or liquid give location of tanks.	5,	1	Unit	Sec.		Twp.	P.ge.
	give location of tanks. If this production is commi			0	2	o i	20N	9w
	give location of tanks.	ngled	i with	O that fr	rom an	o i	20N er lease	<u> 9</u> w
	give location of tanks. If this production is commi COMPLETION DATA	ngled	d with	0 that fr	om an	y othe	20N er lease	9W
	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C	ngled	i with	that for	ompl. R	y other	20N er lease	9W or poo
	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded	ngled	i with	that for	ompl. R	y other	20N er lease	9W or poo
	give location of tanks. If this production is commicompletion DATA Designate Type of C Date Spudded Elevations (DF, RKB, RT, C	ngled	i with	that for	ompl. R	y other	20N er lease	or poc
	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKB, RT, G	ngled	i with	0 that fr	2 com an	y other y othe	20N er lease l G o Prod.	or poor as Well
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	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKB, RT, G) Perforations HOLE SIZE TEST DATA AND REQUAL Date First New Oil Run To T Length of Test Actual Prod. During Test	ompl	etion FOF	O that for — (X) Date Co	ompl. R f Produ	y other well well well well well well well we	20N er lease o Prod. Cormatio	e or poor as Well
	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKB, RT, G) Perforations HOLE SIZE TEST DATA AND REQUAL OIL, WELL Date First New Oil Run To T	ompl	FOF	O that for — (X) Date Co	Ompl. For the production of Pr	y other silver will well well well well well well well	20N er lease o Prod. Cormatio	e or poor as Well
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Vice President

July 6, 1979

(Title)

(Date)

DISTRIBUTION SANTA FE		CONSERVATION COMMI	SSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE AND		Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR		ATURAL GAS	
LAND OFFICE	_			
TRANSPORTER GAS	_			
PRORATION OFFICE				
COLORADO PLATRALI GE	OLOGICAL SERVICES, INC.			
Address	OLOGICAL BERVICES, INC.			
P.O. Box 537; Farmi Reason(s) for filing (Check proper box	ngton, New Mexico 87401	Other (Please	explain)	
New Well	Change in Transporter of:			1 4 /
Recompletion Change in Ownership X	Oil Dry G Casinghead Gas Conde	ensate hom Sa	nta Fr Pails	ral = 6
If change of ownership give name and address of previous owner	Henry S. Birdseye(Dece	ased), P.O. Box	537. Farmingt	on. N.M. 87401
DESCRIPTION OF WELL AND				
Lease Name	Well No. Pool Name, Including F	1	Kind of Lease	Lease No.
Santa Fe Pacific	\$ 106 Chaco Wash M	v	State, Federal or Fee	Fee
Unit Letter M ; 160	Feet From The South Li	ne and <u>165</u>	Feet From The SO	outh
Line of Section 22 To	wnship 20N Range	9W , NMPM,	McKinley	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		which approved accord	of this form is to be sent)
Plateau, Inc.	or Condensate	Box 108, Farmin		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to	which approved copy	of this form is to be sent)
NA	Unit Sec. Twp. Rge.	NA Is gas actually connected	l? When	
If well produces oil or liquids, give location of tanks.	0 20 20N 9W	NO		
-	th that from any other lease or pool,	give commingling order	number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug I	Back Same Restv. Diff. Restv
Designate Type of Completi			1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	`.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth
Perforations			Depth	Casing Shoe
	TURING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volum epth or be for full 24 houre)		t be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke	Sur
Lang o				
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gar	TELLIVED\
GAS WELL			J	11 1979
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	S. G. A. II	Cal Mondemente
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-		DISY, 3
				600441601011
CERTIFICATE OF COMPLIAN	UE		ONSERVATION	170
I hereby certify that the rules and a Commission have been complied w	regulations of the Oil Conservation	APPROVED		, 10
Commission have been compiled washove is true and complete to the	best of my knowledge and belief.	BY Original	SUPERVISOR DIST	RICT # 3
	- 4.0	TITLE		
Mach & W	c. 10.			nce with RULE 1104.
/ face (W)	ature)	well, this form must	be accompanied by	r a newly drilled or deepened a tabulation of the deviation
- (Sign	/	tests taken on the w	ell in accordance	with RULE 111.

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.

	1		