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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 1-1-65

Operator Henry S Birdseye	
Address P O Box 8294, Albuquerque, New Mexico 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Santa Fe R R Co.	Well No. 5	Pool Name, including Formation Chaco Wash Mesaverde	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter D ; 160 Feet From The North Line and 170 Feet From The West				
Line of Section 27 , Township 20 N Range 9 W , NMPM, McKinley 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	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 8-17-68	Date Compl. Ready to Prod. 12-3-68	Total Depth 352'	P.B.T.D.					
Pool Chaco Wash Mesaverde	Name of Producing Formation Menefee	Top Oil/Gas Pay 339'	Tubing Depth 339'					
Perforations			Depth Casing Shoe 340'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6-3/4"	CASING & TUBING SIZE 4 1/2" csg., 2" EUE tbg		DEPTH SET 340/339'		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 12-3-68	Date of Test 12-3-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 12 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 12 bbl.	Oil-Bbls. 2	Water-Bbls. 10	Gas-MCF 0

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.

Operator  
5-24-71  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 2 1972, 19  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #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.

