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DISTRIBUTION			
SANTA FE		1	
FILE		*	
U.S.G.\$.			L
LAND OFFICE			
	OIL	1	I
TRANSPORTER	GAS	1	
OPERATOR			<u> </u>
PRORATION OF	FICE	<u> </u>	1

President

6/11/75

(Title)

(Date)

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				A .
HO. OF COPIES RECEIVED			101	C-104
DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISS OR ALLOWABLE	SION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	the state of the s	AND		
FILE U.S.G.S.	AUTHORIZATION TO TRANS		TURAL GAS	
LAND OFFICE	ADTHORIZATION TO THE SE			
OIL !				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Henry S. Birdseye				
Address				
	rmington, New Mexico	Other (Please	xplain)	
Reason(s) for filing (Check proper box	Change in Transporter of:			
New We!! A	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condenso	ate		
	This is a change in the	e name of the o	perator	
If change of ownership give name and address of previous owner	This is a change in the		<u> </u>	
II. DESCRIPTION OF WELL AND	LEASE		Kind of Lease	Lease No.
Lease Name	1,61,20	mation	State, Federal or Fee	_
Santa Fe Pacific	Chaco Wash Me	saverde	-	
Location	ce South	and 965	Feet From The	East
Unit Letter P; 16	65 Feet From The South Line	G.IG	_	
Line of Section 21 To	ownship 20N Range 9	W , NMPM,	McKinley	County
	The state of the s	_		
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address t	o which approved cop	y of this form is to be sent)
Name of Authorized Transporter of O.				falls form in to be cent)
Plateau, Inc. Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address	o which approved cop	y of this form is to be sent)
Name of Administration		Is gas actually connecte	ed? When	
If well produces oil or liquids,	Unit Sec. Twp. Pge.	No No	1	
to the section of tracks	F 21 201	l	number:	
If this production is commingled w	with that from any other lease or pool,	Sive Committigiting order		Back Same Resty, Diff. Resty
IV. COMPLETION DATA	Oli Well Gas Well	New Well Workover	Deepen Plug	July 1
Designate Type of Complet	tion – (A) x	X Total Depth	P.B.	T.D.
Date Spudded	Date Compl. Ready to Prod.	500		316
1				
2/5/75	4/1/75 Name of Producing Formation	Top Oil/Gas Pay	Tub	ng Depth
2/5/75 Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay		306
2/5/75	Name of Producing Formation	1		
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt	Name of Producing Formation Menefee	306	Dep	306
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt	Name of Producing Formation Menefee TUBING, CASING, AND	306	Dep	306
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations HOLE SIZE	Name of Producing Formation Menefee TUBING, CASING, AND CASING & TUBING SIZE	306	Dep	306 th Casing Shoe
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations	Name of Producing Formation Menefee TUBING, CASING, AND CASING & TUBING SIZE 45" 10.50#	306 CEMENTING RECO	Dep	306 th Casing Shoe SACKS CEMENT
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations HOLE SIZE	Name of Producing Formation Menefee TUBING, CASING, AND CASING & TUBING SIZE	306 CEMENTING RECO DEPTH 9 306	Dep	306 th Casing Shoe SACKS CEMENT
2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations HOLE SIZE 6½	TUBING, CASING, AND CASING & TUBING SIZE 43" 10.50# 2 3/8 EUE	306 CEMENTING RECO DEPTH S 306 306	Dep RD SET	306 th Casing Shoe SACKS CEMENT 10
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2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations HOLE SIZE 6½ V. TEST DATA AND REQUEST	TUBING, CASING, AND CASING & TUBING SIZE 43" 10.50# 2 3/8 EUE	306 DEPTH S 306 306 306 306 306 pfter recovery of total vo epth or be for full 24 how producing Method (Fl.	Dep RD SET	306 th Casing Shoe SACKS CEMENT 10 ust be equal to or exceed top allo
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2/5/75 Elevations (DF, RKB, RT, GR, etc., 6418 GR 6421 Rt Perforations HOLE SIZE 6½ V. TEST DATA AND REQUEST	TUBING, CASING, AND CASING & TUBING SIZE 4½" 10.50# 2 3/8 EUE FOR ALLOWABLE (Test must be a able for this de 4/3/75 Tubing Pressure	306 DEPTH S 306 306 306 306 after recovery of total voluments or be for full 24 hours before full 24 hours b	lume of load oil and m	306 th Casing Shoe SACKS CEMENT 10 ust be equal to or exceed top allo
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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.

