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OPERATOR		7	
PRORATION OFFICE			

11

DISTRIBUTION (A) SANTA FE /	11211 1112/100 012 00	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S. LAND OFFICE (RANSPORTER OIL / GAS / OPERATOR '? PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS	
Operator	Councidation			
Address	eum Corporation			
	reet, Suite 2000, Denver,			
Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens			
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name SFRR 'A'	Well No. Pool Name, Including Fo		Lease No Federal or Fee Fee	
Location				
Unit Letter;;	Feet From The South Line			
Line of Section 1 To	wnship 17N Range	9W , NMPM,	McKinley County	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Shell Pipeline Cor	TER OF OIL AND NATURAL GA	S Address (Give address to which approv Box 1588, Farmington,		
Name of Authorized Transporter of Co		Address (Give address to which approv		
Tesoro's Hospah Gas	Gathering System	100		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	Upon completion	
COMPLETION DATA Designate Type of Complete Date Spudded	Date Compl. Ready to Prod.	New Well Workove Respect	Same Res'v. Diff. Res	
4-24-75 Elevations (DF, RKB, RT, CR, etc.) GR 6949; KB 6962	6-3-75 Name of Producing Formation Lower Hospah Gallup	Top Oil/Gas Pay 1575' OIL CON. DIST.	COM g Depth	
Perforations 1575-81' (L. Hospi	ah)	Dist	Depth Casing Shoe	
		CEMENTING RECORD	CACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE 8-5/8"	103'	100 SX.	
7-7/8"	5-1/2"	1660'	100 sx.	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top all	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft, etc.)	
Length of Test 6-3-75	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test 68 BF	Oil-Bbls. 52	Water-Bbls.	Gas-MCF TSTM	
GAS WELL			Complete of Conde	
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA		45556	ATION COMMISSION	
	hereby certify that the rules and regulations of the Oil Conservation		riginal Signed by Emery C. Arnol6	
above is true and complete to	he best of my knowledge and belief.	BY Original Signed by a	SIPPRVISOR DIST. 45	

L6 Margnart
(Signature) District Engineer
District/Engineer
(Title)
6/4/75
(Date)

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.

Fift out only Sections I. II, III, and VI 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.