ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Π
SANTA FE			
FILE		П	
U.S.G.S.		Т	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
OPERATOR		 	⊢

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	TRANSPORTER OIL GAS	GAS AND										
I.	OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	Address - Enici											
	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box) Other (Please explain)											
	Reason(s) for filing (Check proper be	, /\tau_1	1/3(/									
	Recompletion	Change in Transporter of: Oil Dry C	Gas 🗍			·						
	Change in Ownership.		lensate			•						
	If change of ownership give name	Pan Namani	700000		1 7 7 7	.0						
	and address of previous owner	RED MOUNTHIN	1735005- 20	26 /10	(CY)=	DENIVER.						
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	F	1.6. 1	<u> </u>	50267						
	5777	26 CHACO WA	Cil W/V ==	Kind of Leas State, Feder		HTE 40 277						
	Location											
	Unit Letter : 62	Feet From The No. 1774 LI	ine and	Feet From	The <u>F14</u>	57						
	Line of Section 28 T	ownship 20 No12774 Range	9 11/1-57 , NMPM	, /L	1º WINI	County						
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G										
	Name of Authorized Transporter of O.		Address (Give address	o which appro	ved copy of thi	s form is to be sent)						
	Name of Authorized Transporter of C	asinghead Gas ar Dry Gas				401						
	NONE	Address (Give address to which approved copy of this form is to be sent)										
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	ed? Wh	en							
	give location of tanks.	1 17 28 20N 9W	NC	757 M	·/							
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	, give commingling order	number:								
	Designate Type of Completi	on - (X)	New Well Workover	Deepen	Plug Back	Same Res'v. Diff. Res'v						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth							
ŀ	Perforations				Depth Cosing Shoe							
}	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECOR									
ŀ	NOCE 3125	CASING & OBING SIZE	DEPTH SE	<u>. r</u>	SAC	CKS CEMENT						
ŀ					 							
	TEST DATA AND REQUEST F	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)										
	Date First New Of, Pun To Tanks	Date of Test	Producing Method (Flow,	pump.	E'GE	VE						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size 33.30							
-	Actual Prod. During Test	Oil-Bbis.	Water - Bble.		Gas-MCF							
'-	7.3											
_	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Co	ndensate						
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	La)	Choke Size	· · · · · · · · · · · · · · · · · · ·						
ـا ـ												
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) PETROCEVIA FAIGINIEER (Title)			OIL CONSERVATION DIVISION									
			APPROVED									
			Original Signed by FRANK T. CHAVEZ									
			TITLE SUPERVISOR DISTRICT TO									
			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 allow-									
								(Titl	able on new and recompleted wells.			
							_	/(/- () - () (Date	well name or number,	or transporte	n or other suc	
			Separate Forms C-104 must be filed for each pool in multiply completed wells.									

