NO. OF COPIES REC	5	5		
DISTRIBUTIO				
SANTA FE	1			
FILE		1		
U.S.G.S.				
LAND OFFICE	1			
IRANSPORTER	OIL			
	GAS	1		
OPERATOR	2			
PRORATION OF				
Operator				

August 29, 1966

(Date)

	SANTA FE	NE				LOWABLE	SION		C-104 rsedes Old C-104 and	C-110		
	FILE	1	4		IV L. Q(ULSII	AND	LOWABLE			ctive 1-1-65	•
	U.S.G.S.			AUTHORIZ	ATION TO	O TRA		OIL AND N	ATURAL G	AS		
	LAND OFFICE	1				• ,						
	TRANSPORTER	<u> </u>										
	GAS	1										
	OPERATOR	2										
I.	PRORATION OFFICE Operator	1										
	SHERMAN F. WAS	eate e	1 1 20									
	Address	ens e	LLEN									
	11950 San Vicer	sto.	814	ins Ange	les. Cul	llafa	ri 290	949				ĺ
	Reason(s) for filing (Check	proper	box)	,				Other (Please	explain)			
	New Well			Change in Tran	sporter of:							İ
	Recompletion			Oil		Dry Gas						İ
	Change in Ownership			Casinghead Ga	s [_]	Conden:	sate					
	If change of ownership giv	e nan	ne	• •				n			1- C-1	
	If change of ownership give and address of previous or	wner_	Wag	jenseller &	nd Augus	st, i	70 8.	Beverly Di	IAC' BE/	erly mil	is, Gai	
	DECORIDERON OF WE		NID Y F	AGE								
11.	Lease Name	JL A	ND LE	ASE	Well No. F	Pool Nan	nε, Includi	ng Formation		Kind of Lea	se	
	Mobili Asseba					Sau	th Bla	nco Pi		State, Feder	alor Fee Fed	
	Location						TII WIT		<u></u>	.1		
	Unit Letter 0	,	790	Feet From The	e E	Line	e and	790 1190	Feet From 7	The S		
		_ ′				-			_			
	Line or Section 12		Towns	hip 23%	Ran	ge 3 W		, NMPM,	Rio	Arriba	Coun	ıty
							_					
III.	DESIGNATION OF TRA					AL GA	S Address	(Give address to	which approx	ed copy of th	s form is to be sent)	I
		orter o		_	.54.6		, radioss				- ,	
	Name of Authorized Transpo	orter o	f Casino	ghead Gas (or Dry Gas		Address	(Give address to	which approx	ed copy of the	is form is to be sent)	
	EP			,				•				
			ŢŪ	Unit Sec.	Twp. B	łge.	Is gas ac	tually connected	l? Whe	n		
	If well produces oil or liquid give locat on of tanks.	us,		į					1			
	If this pro luction is comm	ingle	l with	that from any oth	ner lease or	r pool.	give com	ningling order	number:			
	COMPLETION DATA	mgro										
	Designate Type of (]omp]	etion	_ (X)	ll Gas	Well	llew Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Re	es'v.
					In Day 1		T-t-L D-	1	!	P.B.T.D.	l	
	Date Spud led			ate Compl. Ready	to Prod.		Total De	ptn		P.B.1.D.		
	Pool		N.	Iame of Producing	Formation		Top Oil/	Gas Pay		Tubing Dept	·h	
	. 551											
	Perforations						L			Depth Casing Shoe		
				TUBI	NG, CASIN	G, AND	CEMEN.	TING RECORE)	1		
	HOLE SIZE			CASING & T	UBING SIZ	ZE		DEPTH SE	T	SA	CKS CEMENT	
		_								 		
			-									
												
	TEST DATA AND REQ		r FOR	ALLOWARIE	1 /T		<u> </u>		- of land oil		nual to as awared ton a	
٧.	OIL WELL	UES	1 run	ALLOWABLE	able for	this de	pth or be f	or full 24 hours)	e oj ioaa oii	inu musi de ei	qual to or exceed top a	· · · · · · · · ·
	Date First New Oil Run To	Tanks		Oate of Test			Producin	g Method (Flow,	pump, gas li	t, etc.)	CLIVEN	
											KITIArn	Δ
	Length of Test		T	Tubing Pressure			Casing F	ressure		Choke Siz	(LUZ.	
				Oil-Bbls.			Water - Bl	ole		Gas-MCF	AUG301966	<u>. H</u>
	Actual Prod. During Test		1	MI-BDIS.			water - Di	J15.		Gus Mpi	OIL CON. CON	""/
						\	OIL CON. 3	-				
	GAS WELL									•		,
	Actual Prod. Test-MCF/D		L	ength of Test		•	Bbls. Co	ndensate/MMCF		Gravity of C	ondensate	
	Testing Method (pitot, back	pr.)	Т	ubing Pressure			Casing F	ressure		Choke Size		
VI.	CERTIFICATE OF CO	OMPLIANCE					OIL CONSERVATION COMMISSION					
						ADDROVED AUG 3 0 1966						
	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.					APPR	OVED			, 19		
						Original Signed by A. R. Kendrick						
	· · · · · · · · · · · · · · · · · · ·) 	. 1	PETROLEU	M ENGINE	ER DIST. NO. 3	ţ.
							TITLE					
	Original Signe	d 6y	ř								ith RULE 1104.	
MORRIS B. JONESignature)						well, t	his form must	be accompa	nied by a tal	ewly drilled or deepe oulation of the devia	ened ation	
			-				tests	taken on the w	ell in accor	dance with	RULE 111.	
Morris B. Jones, Engineer							All sections of this form must be filled out completely for allow-					

able 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.