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1	NO. OF COPIES RECEIVED			/
	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form_C=104
	SANTA FE /			
	FILE / _	AND Priedly 1-15		
U.S.G.S. AUTHORIZATION TO TRANSPORT OF			NSPORT OIL AND NATURAL	- GAST PLANTED TO THE
	AND OFFICE			
	TRANSPORTER OIL 2			JAN 18 1968
	OPERATOR /			(GIL CON. COM./
I.	PRORATION OFFICE			
	Operator Petroleum Consultants, Inc.			
	Address 2820 Central Avenue, S. E., Albuquerque, New Mexico 87106			
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:	<u> </u>	
	Recompletion	Oil Dry Gas  Casinghead Gas X Condens		
	Change in Ownership Casinghead Gas X Condensate			
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND I	LEASE   Well No.   Pool Name, Including Fo	rmation Kind of Le	ease Lease No.
	VanDenburgh	1 Lybrook Gallu		leral or Fee Federal \$F078359
	Location	2 27.22 00.1	T	
	Unit Letter M ; 790 Feet From The South Line and 890 Feet From The West			
	Line of Section 11 Tow	mship 23N Range	<b>7₩</b> , NMPM,	Rio Arriba County
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
	Name of Authorized Transporter of Oil	▼ or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
	The Permian Corporation		P. O. Box 3119, M P. O. Box 1528, F	armington, N. M.
	Inland Corporation  P. O. Box 1528; Farmington, N. M.  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Petroleum Consultants, Inc. 2820 Central, S.E. Albuquerque, N. M.			
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When
	give location of tanks.	M 11 23N 7W	yes	3-15-61
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	DMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLL SIZE			
			<u> </u>	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OIL First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Last David David Francis	Oil-Bbls.	Water - Bbls.	Gas - MCF
	Actual Prod. During Test	OII-Bbis.		
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1		WATION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED JAN	18 1968
	above is true and complete to the	best of my knowledge and belief.	BY Original Signed b	CIMERA DIGE NO. :
			PETROLEUM ENGINEER DIST. NC. 5,	

TITLE .

CALCARAL SIGNED BY

RCZIRA O Sacia

Vice President

1-12-68

(Signature)

(Title)

(Date)

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 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.