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SANTA FE		/	
FILE		1	V
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE			1
TRANSPORTER	OIL	1	L.,
	GAS		
OPERATOR		1	
PRORATION OFFICE			
Operator		_	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	REQUEST	TOR ALLOWABLE	Effective 1-1-65		
FILE / L	AUTHODIZATION TO TOA	AND NEDODT OU AND NATURAL (	CAS		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	<i>3</i> M3		
LAND OFFICE					
TRANSPORTER GAS /					
OPERATOR /					
PRORATION OFFICE					
Operator IX.					
A A A A A A A A A A A A A A A A A A A					
Address	Farmington, New 16	exico 37401			
		Other (Please explain)			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Office (F tease explasio)			
New Well	Oil Dry Ga	s			
Recompletion  Change in Ownership	Casinghead Gas Conder	isate			
f change of ownership give name nd address of previous owner					
nu address of previous owner.					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Lease No.		
Lease Name Pederal		. Cliffs, So. State, Feder			
		* ********			
Location 8 79)	Feet From TheLin	ne and 1300 Feet From	The East		
Unit Letter;	Feet From TheLir				
Line of Section Tov	wnship Range	NMPM, Rio	Arriba County		
Line of Section 10.					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved conv of this form is to be sent)		
Name of Authorized Transporter of Oil	or Condensate	Address (Give dadress to which appr	rainton, New Mexico		
		Address (Give address to which appr			
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas in	Address (otto dames to mitting)	., ,		
	Unit Sec. Twp. Rge.	Is gas actually connected?	hen		
If well produces oil or liquids,	Unit Sec. Twp. 13gc.	1.5 92	June 1, 1972		
give location of tanks.		the state of the same and the s			
	th that from any other lease or pool,	give comminging order number.			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'		
Designate Type of Completic	on - (X)	×	3		
Date Spudded	Date Compl. Ready to Prod.	Total Depth 2751	P.B.T.D. <b>2751</b>		
S-12-71	1-21-1972		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	2701		
			Depth Casing Shoe		
Perforations 2731-2751					
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
11022 3122					
TA ITE	45	2365	100		
	*	2701			
		<u></u>			
	OR ALLOWABLE (Test must be	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top all		
	Date of many	Producing Method (Flow, pump, gas	lift, etc.)		
Date First No Pari Run To Paris	Parent of the second of the se	be different fire one risk .			
CON 3	Tubing	Casing Deskaute	7.		
Length of Capit DIS		* ***			
Actual Prod. During Test	05 -	Wa			
		Topic			
1					
GAS WELL		This Condesses Of CE	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test  24 hours	Bbls. Condensate/MMCF	3.2, 3. 3		
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coaing Freshure (Since 222)	3/4		
		OH CONSED	VATION COMMISSION		
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	AV 11014 COMMISSIO14		
		APPROVEDMA	<u>)Y 25 1972</u> , 19		
A	i regulations of the Oil Conservation with and that the information give	n Original Signed	by Emery O Arcold		
above is true and complete to t	he best of my knowledge and belief	BA OLIBITION DISTAN	and the second s		
ATTEL, INC.		TITLESUPERVIS	SOR 0197 #3		
	h .		in compliance with RULE 1104.		
$\mathcal{M}(\mathcal{U}_{\infty}, \mathcal{M}_{\mathcal{A}})$	n / f	6-n n1	tamable for a newly drilled or deeper		
- Cry H Ville	anature)	1	voovied by a labilation of the govern		
(Signature)		Il tests taken on the well in ac	tests taken on the well in accordance with RULE 111.		

(Title)

(Date)

May 49, 1972

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.