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SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE	KEQUEST	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	AUTHORIZATION TO TRA	MISPORT OIL AND NATORAL	0A0
OIL			
TRANSPORTER GAS 1/			
OPERATOR			
PRORATION OFFICE	!		
Operator			
Shar-Alan Oil (ompany		
Address			
1402 Denver U.	S. National Center, Denve	r, Colorado 80202	
Reason(s) for filing (Check proper b		Other (Please explain)	
Hew Well	Change in Transporter of:		
Hedomy letics	Cil Dry Ga		
Thange in [whership]	Casin-jhead Gas Conder	asate	
f change of ownership give name	•		
and address of previous owner			
DESCRIPTION OF WELL AN	Well No. Pool Na	ime, Including Formation	Kind of Lease
Jicarilla "M" No.	157 3 SOR	lanco Pictured Cliffs	State, Federal or Fee Indian
Location	137		
-	Feet From The South Lin	ne and 1450 Feet From	n The West
Unit Letter K ; 1	Feet From The Dodge		
Line of Section 🖁 💮 ,	Township 23 North Range 2	West , NMPM, Ri	o Arriba County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	Language this form is to be cent!
Name of Authorized Transporter of	Oil cr Condensate	Address (Give address to which appr	roved copy of this form is to be sent)
			I am af this form is to be cent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 🛖		roved copy of this form is to be sent)
El Paso Natural Ga	s Company	1402 Denver U. S. Ne Denver Coloredo 802	202
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
give location of tanks.		no	approx. June, 1965
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deeper.	Plug Back Same Restv. Diff. Res
Designate Type of Comple	O11	New Well Workever Boopen	1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded			
6-15-64	Name of Producing Formation	3085 Top Cil/Gas Pay	Tubing Depth
Pool			2985
So Blanco PC	Pictured Cliffs		Depth Casing Shoe
			3054
2977-3002	TUBING CASING AN	ID CEMENTING RECORD	
		1	
1101 5 5175		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
HOLE SIZE	CASING & TUBING SIZE	101'	50
HOLE SIZE	CASING & TUBING SIZE 8 5/8" 4 1/2"	101' 3054'	
HOLE SIZE	CASING & TUBING SIZE	101' 3054'	50
	CASING & TUBING SIZE 8 5/8" 4 1/2" 1 1/4" tubing	101' 3054' 2985'	50
TEST DATA AND REQUEST	CASING & TUBING SIZE 8 5/8" 4 1/2" 1 1/4" tubing FOR ALLOWABLE (Test must be	after recovery of total volume of load of depth or be for full 24 hours)	50 100 oil and must be equal to or exceed top al
	CASING & TUBING SIZE 8 5/8" 4 1/2" 1 1/4" tubing FOR ALLOWABLE (Test must be able for this decrease)	101' 3054' 2985' after recovery of total volume of load of	50 100 oil and must be equal to or exceed top al
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TEST DATA AND REQUESTOH, WELL Date First New Cil Hun To Tanks Length of Test Actual Frad, During Test	CASING & TUBING SIZE 8 5/8" 4 1/2" 1 1/4" tubing FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	50 100 ii and must be equal to or exceed top all slift, etc.) Choke Size
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TEST DATA AND REQUESTOH. WELL Date First New Cil Hun To Tanks Length of Test Actual Frod. During Test GAS WELL Actual Frod. Test-MCF/D 3701 Testing Method (pitot, back pr.)	CASING & TUBING SIZE 8.5/8" 4.1/2" 1.1/4" tubing FOR ALLOWABLE (Test must be able for this a ble for this a b	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure	50 100 100 cil and must be equal to or exceed top al. Choke Size Gas-MCF Gravity of Condensate Choke Size 3/4"
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TEST DATA AND REQUESTOIL. WELL Date First New Cil Hun To Tanks Length of Test Actual Frod. During Test GAS WELL Actual Frod. Test-MCF/D Testing Method (pitot, back pr.) Back Pressure CERTIFICATE OF COMPLIA I hereby certify that the rules Commission have been compliabove is true and complete to	CASING & TUBING SIZE 8.5/8" 4.1/2" 1.1/4" tubing FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure 952 OIL CONSER' APPROVED MAY 3 19 TITLE Supervisor Dist. 1 This form is to be filed	Solution 100 100 100 100 100 100 100 1
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April 29, 1965

(Date)

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.