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DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUES	ST FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	AL GAS
IRANSPORTER GAS	 		
OPERATOR			
PRORATION OFFICE Operator			
El Paso Explora			
Reason(s) for tiling (Check proper b	ding, Midland, Texas 79	701 Other (Please explain)	
New Well	Change in Transporter of:	!	
Recompletion	Cil Dry	Gas	
Change in Ownership \overline{X}	Casinghead Gas Con	densate	
If change of ownership give name and address of previous owner	Odessa Natural Corpora	tion - P. O. Box 3908 -	- Odessa, Texas 79760
I. DESCRIPTION OF WELL AN	D LEASE Lease No. Well No. Poc.	Marya Projection Committee	Kind of Lease Tigarilla
Lease Name Jicarilla			Sitalilla
Joint Venture "KD"	None 6 C	hacon Dakota Associated	Араспе
Unit Letter J;	1850 Feet From The South	Line and <u>1850</u> Feet F	rom The <u>East</u>
Line of Section 3	Township 23N Range	3W , NMPM,	Rio Arriba County
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	GAS	approved copy of this form is to be sent)
Giant Refining Compan		Petroleum Plaza Bldg	approved copy of this form is to be sent) 3. Suite 238Farmington N. M. 87401
Name or Authorized Transporter of El Paso Natural Gas	Casinghead Gas X or Dry Gas	Address (Give address to which a P. O. Box 1492 (Att El Paso, Texas 79978	-Farmington, N. M. 87401 approved copy of this form is to be sent) n: Prod. Control)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	: is gas actually connected?	When 8-02-78
<u> </u>	J 3 23N 3W with that from any other lease or poor		
COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepe	n Plug Back Same Resty. Diff. Resty.
Designate Type of Comple			()
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST		e after recovery of total volume of loas depth or be for full 24 hours)	d oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbis.	Water-Bbls.	Gan - MOF
\ <u></u>			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSE	RVATION COMMISSION

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.

(Signature) duction Records

(Title)

__, 19 -APPROVED. 7<u>.</u> 11. . . 1 .,. BY.

This form is to be filed in compliance with RULE 1104.

TITLE .

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.

SUPERVISOR DISTRICT 器 3

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.