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DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S	
GAS OPERATOR PROPATION OFFICE	-			
THORY CONCERNATION	E par per			
Attress 5 0. E 0% 33:	i Beserve, Color of Sulf			
Reason(s) for filling (Check proper box New Well becompletion	Thange in Transporter of: All Dry Ga Jasinghead Gas Conder			
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL AND	LEASE			
Add Apache non	Well Mo. Pool No	me, Including Formation rd Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	
Lournion That Letter A : 99	D Feet From The North Lin	e and 990 Feet From Th	e Rast	
_	wnship 23N Range		c Arriba County	
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approved	d copy of this form is to be sent)	
Name of Authorized Transporter of Southern Union Gas	nsinghead Gas or Dry Gas	Address (Give address to which approve Fidelity Union Tower Bld	d copy of this form is to be sent) g.,1507 Pacific, Dallas	
If well produces oil or liquids, give laboration of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,			
Designate Type of Complete	$\operatorname{Col} \operatorname{Well} = \operatorname{Gas} \operatorname{Well}$	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest	
Late Spatied	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.	
i - ol	Mame of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
[erf.rations			Depth: Casing Shoe	
	TUBING, CASING, ANI	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
THE DATA AND DEOUTEST I	COP ALLOWARIE (Test must be a	fter recovery of total volume of load oil an	nd must be equal to or exceed top allo	
OIL WELL Intelligat New Cillian To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,		
		Casign	Choke Size	
Length of Vest	Tubing Pressure	\ KTPTIATO		
Actual Prod. During Test	Cil-Bbls.	FEB 2 6 1965	Gas-MCF	
		OIL CON. COM.		
GAS WELL Astrod. Test-MSF/D	Length of Test	Bbls Condenside/SACF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
. CERTIFICATE OF COMPLIA	NCE		FION 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.		APPROVED FEB 2 6 1965 APPROVED 19 19 19 19 19 19 19 19 19 19 19 19 19		
above is true and complete to t	ne best of my knowledge and beilet.	TITLE ETROLEUM EN		
The second secon		This form is to be filed in compliance with RULE 1104.		
<u>1</u>	(Signature)		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	
(Signature)		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 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.

(Title)
Pabruary 76, 1962
(Date) MX(13,66) HOW