NO. OF COPIES RECEIVED		15		
DISTRIBUTION				
SANTA FE .		1		
FILE		1		
U.S.G.S.		Ī		
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS			
OPERATOR		2		
PRORATION OFFICE				

	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	-	
	SANTA FE . /			Form C-104 Supersedes Old C-104 and C-11	
	FILE	REQUEST FOR ALLOWABLE			
			AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	AL GAS	
	LAND OFFICE			.2 0/10	
	OIL /	7			
	THANSPORTER GAS	-			
	 	-∤			
	OPERATOR 2				
ı.	PRORATION OFFICE				
	Operator			· · · · · · · · · · · · · · · · · · ·	
	Northwest Produc	tion Corneration		·	
	Androse				
	Box 1796, El Pas	o, Texas /9949			
	A				
	Reason(s) for filing (Check proper box	·)	Other (Please explain)		
	New We!I	Change in Transporter of:			
	Recompletion	Oil X Dry Go	ıs 🗍		
	Change in Ownership	Casinghead Gas Conde	nagte 🗍		
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.	
	Sandoval 22-7	2 Undesignat	State, Fe	dergl or Fee	
	Lecation	2 Undesignat	ed Gallup State, 10	Federal 078662	
	Unit Letter <u>B</u> ; 660	Feet From The North Lin	ne and 1980 Feet Fr	om The East	
	Line of Section 35 To-	wnship 22N Range	7 W , NMPM,	Sandoval County	
1			,	County	
114	DECICALATION OF TRANSPORT	TED OF OH ASID SIAMONA ~			
AII.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		arround come of this fare is a little	
	traine of Admortzed Transporter of Off	Or Courdensate		oproved copy of this form is to be sent)	
	Inland Co	rporation	Box 1528, Farmingto	n, N. M.	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which a	oproved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	B 35 22N 7W			
į		<u> </u>	I		
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	100 100 100 100 100 100	-		
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
- 1			1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ļ					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
1		1			
Ì	Perforations		<u> </u>	Depth Casing Shoe	
ŀ		TUBING CASING AND	CEMENTING RECORD		
		T	7'''		
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ï					
w.	TEST DATA AND REQUEST FO	OP ALLOWARIE (Ton to	6	oil and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours)	ort and must be equal to or exceed top allow-	
;	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	e life, etc.)	
į	Date : Ital Hew Oil Hun 10 1 and	20.001 1000	Producting Method (Prom, pamp, go	• 11,1, 6.0.7	
-					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				GIAPIN .	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
٠.			<u> </u>	The state of the s	
	GAS WELL			ALION BROOM	
٦	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
i	Actual Float Feet-MC17D	Estigni of 1000	bbis. Condensate/MMCF		
Ĺ	· · · · · · · · · · · · · · · · · · ·			OIL CON. COM.	
1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chok Size DIST. 3	
Ĺ					
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	VATION COMMISSION	
		-			
			APPROVED AU	G 14 1967	
	I hereby certify that the rules and r Commission have been complied w		Cianad by	Emory C Arnold	
	shove is true and complete to the		By Original Signed by	Litter A. C. Miller	
		İ	TITLE SUPERVIS	OR DIST. #3	
	- /· / /) /) /		m	In compliance with mirror masses	
(Signature) C. E. Werner, h. anager			This form is to be filed in compliance with RULE 1104.		
			If this is a request for all	lowable for a newly drilled or deepened	
			tests taken on the well in ac	npanied by a tabulation of the deviation cordance with RULE 111.	
_		Production Operations	1	must be filled out completely for allow-	
	(Tit		able on new and recompleted	wells.	
-		AUG 1 1 1967	Fill out only Sections I	, II, III, and VI for changes of owner,	
•	(Da	te)	well name or number, or trans;	porten or other such change of condition.	
		!		nust be filed for each pool in multiply	
		:	completed wells.		

NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE ,			
FILE			
U.S.G.S.			
LAND OFFICE			
OIL	1		
GAS			
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL 1 GAS 2	

10

	SANTA FE . / FILE / CUS.G.S.	NEW MEXICO OIL REQUES AUTHORIZATION TO TR	CONSERVATION COM T FOR ALLOWABLE AND RANSPORT OIL AND	•	Form C-104 Supersedes Old Effective 1-1-65	C-104 and C-11
. 1	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator					
		ction Corporation so, Texas 79949				
	Reason(s) for filing (Check proper bo		Other (Pleas			
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry C		e explain)		
	If change of ownership give name and address of previous owner					
11	DESCRIPTION OF WELL AND		·			•
	Sandoval 22-7	Well No. Pool Name, Including 2 Undesignat	ted Gallup	Kind of Lease State, Federal or Fe	e Federal	Lease No. 078662
	Location Unit Letter B • 660) Feet From The North				<u> </u>
		ownship 22N Range		Feet From The	East	
: : 111.		RTER OF OIL AND NATURAL G		, Sandov	aı	County
	Name of Authorized Transporter of Of	or Condensate	Address (Give address	to which approved cop	py of this form is to	be sent)
	Inland C Name of Authorized Transporter of Co	orporation asinghead Gas or Dry Gas	Box 1528, Far Address (Give address	mington, N.	M, py of this form is to	be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Bi 35 22N 7W	Is gas actually connect	ed? When		
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order	number:		
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Resty.	Diff. Restv.
	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	Tubii	ng Depth	
	Perforations	<u> </u>		Depti	h Casing Shoe	
		TÜBING, CASING, AN	D CEMENTING RECOR		*	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEME	NT
V.	TEST DATA AND REQUEST FOIL WELL		ifter recovery of total volumenth or be for full 24 hours	ne of load oil and mus)	st be equal to or exc	eed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	pump, gas lift, etc.)		
	Length of Teet	Tubing Pressure	Casing Pressure Choke Size		• Size	
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gas-	M85 175 175	
,	GAS WELL			MUNICIPAL CONTRACTOR		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		A G A LANGING CONTRACTOR CONTRACT	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-		SIE DIST. 3	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVATION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVEDAUG 14 1967			
	Commission have been complied value is true and complete to the	By Original Sign	ned by Emery	C. Arnold		
	$\sim 10^{-1}$		TITLE SU	PERVISOR DIST	<u>'.</u> # 5	
	f harle (W	2 march	il .	be filed in complia		
-	(Signo	arure) C. E. Werner, manager	well, this is a requirement tests taken on the w	est for allowable for be accompanied by tell in accordance to	a tabulation of th	
-	(Tie	Production Operations	11	his form must be fi		y for allow-
	(Da	AUG 1 1 1967	11	ections I, II, III, a		
	(

well name or number, or transporter or other such change of condition. well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.