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SANTA FE	7		
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LAND OFFICE			
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	GAS	1	
OPERATOR		1	
BRODATION OFFICE			

III.

-	DISTRIBUTION  SANTA FE /  FILE / /		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS /	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
	PRORATION OFFICE			
•	Operator SHAR-ALAN OIL CO	MDANA		
	Address	ana Avenue, Denver, Color	rado 80222	
	Reason(s) for filing (Check proper box	)	Other (Please explain)	
	New Well	Change in Transporter of:	To show new t	ransporter
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		2 WM121
]_	Change in Ownership	Cashighead das Conde		6/1/2
	If change of ownership give name and address of previous owner			
•	and address of previous owner			
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool No.	ame, Including Formation	Kind of Lease
	Jicarilla "R" No. 166		signated Picture Cliffs	State, Federal or Fee Indian
}	Location	Pu		E A
	Unit Letter # I ; 178	Feet From The Routh Li	ne andFeet From T	The WEST
i	Line of Section. 29 , To	wnship 23 North Range	l West , NMPM, S	andoval County
HI.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
<b></b>	Name of Authorized Transporter of Oi		Address (Give address to which approx	ed copy of this form is to be sent)
	Name of Authorized Transporter of Ca Shar-Alan Oil Company		Address (Give address to which approved 4101 Bast Louisiana Ave	
		Unit Sec. Twp. Rge.	Is gas actually connected?	
	If well produces cil or liquids, give location of tanks.		yes	12-14-64
1	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completi	. ======	Notwork Deepen	1 1 1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	7-15-63	4-20-64	3025	
	Pool South Blanco PC	Name of Producing Formation Picture Cliffs	Top Oil/Gas Pay  2942	Tubing Depth 3005
	Perforations	FICTURE CITIES	2742	Depth Casing Shoe
	2942 - 2958*			3015
		TUBING, CASING, AN	ID CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10 3/4	8 5/8		60
	6 3/4	4 1/2 1 1/4" T.	3015 3005	75
			3003	
V.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow-
	OIL WELL  Date First New Cil Run To Tanks	Date of Test	lepth or be for full 24 hours)  Producing Method (Flow, pump, gas li)	ft, etc.)
	Date I list New Cir Hair To Talias	34.0 0. 133.		
	Length of Test	Tubing Pressure	Casing Pressure	(hoke Size
				Gas-MCF 1 1 1968
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
				OIL CON CO
	GAS WELL			DIST. 3
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	3 hour Tubing Pressure	Casing Pressure	Choke Size
	Back pressure	720	720	S.104.0 62.13
<b>1/1</b>	CERTIFICATE OF COMPLIANCE			ATION COMMISSION
¥ 1.	OLIVIII TOMILL OF COMILLIAN		11	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	•
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		III Sectional Classical Inc.	Emery C. Arnold
	· // /		l ii	SUPERVISOR DIST. #5
	AT M		This form is to be filed in	

## VI.

Manager of Lands & Exploration July 8, 1968

(Date)

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.

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.