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	GAS	1			
OPERATOR		,			
PRORATION OFFICE					
Operator					

(Date)

110

	SANTA FE / FILE / . U.S.G.S. LAND OFFICE TRANSPORTER OIL	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Effective 1-1-6	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
1.	OPERATOR , PRORATION OFFICE								
	H. K. KEESEE								
	P.O. Box 1995, Farmington, New Mexico 87401								
	Reason(s) for filing (Please explain)								
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	=						
	If change of ownership give name and address of previous owner								
H.	DESCRIPTION OF WELL AND	LFASE				· · · · · · · · · · · · · · · · · · ·			
	Lease Name rgurite	Well No. Pool Name, Including F 2 Ballard PC			e Lease No.				
	Location N 970				Indian				
	Unit Letter;	Feet From The S	ne and <u>1650</u>	Feet From T	he W				
	Line of Section To	wnship 23N Range	3 W , N	MPM, Sando	val	County			
III.		TER OF OIL AND NATURAL GA	AS						
	Name of Authorized Transporter of Oi	or Condensate	Address (Give addre	ss to which approve	ed copy of this form is t	be sent)			
	Name of Paut Prized Transporter of Ga		Address (Give address to which approved cop Box 990, Farmington, New		New Mexico	o be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually conr	mected? Wher	n.				
IV.	of this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA								
	Designate Type of Completi	on - (X)	New Well Workov	er Deepen	Plug Back Same Res	v. Diff. Res'v.			
	Date Spydd2d 66	1		Total Depth					
	Elevations (D.F. RKB, RT, GR, etc.)	RT. GR. etc.; Name of Producing Formation			2937 • Tubing Depth				
	2001, 2020	Ballard PC	2884		3004 KB				
	Perforations 2004-2098 Depth Casing Shoe								
			DEPTH SET		CACKE CEMENT				
	8 5/8	CASING & TUBING SIZE	DEPTE	ISET	SACKS CEM	ENT			
		9 7/0							
	7-7/8	8 5/8 5 3	Approx. 10 Approx. 30		60 sks.				
V.	TEST DATA AND REQUEST F	fter recovery of total i	volume of load oil ar	100 sks. nd must be equal to or e	xceed top allow-				
	OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
	Length of Test	Tubing Pressure Casing Pressure			Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCFg				
	GAS WELL								
	Actual Prod. Test-MCF/D Length of Test 3hrs		Bbls. Gondonsate/MMCF		Gravitt di Candenagte				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	2,506 Casing Pressure (St	ut-in)	Choke Sige	1 3			
			1. Csg. 622		3/4/1	Market Control			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION						
I hereby certify that the rules and regulations of the Oil Conservati Commission have been complied with and that the information give		APPROVED APR 2 8 1966 , 19							
above is true and complete to the best of my knowledge and belief.			Original Signed by A. R. Kendrick						
	Bookkeener (Signature)		TITLE PETROLEUM ENGINEER DIST. NO. 3						
	W Stanle	This form is to be filed in compliance with RULE 1104. 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.							
	Bookkeeper (Sience								
-	(Ti	(Tidal		All sections of this form must be filled out completely for allow-					
-	April 28, 1966		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.						

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.