1	NO. OF COPIES RECI	5					
	DISTRIBUTIO						
	SANTA FE	1					
	FILE	1					
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL					
		GAS	/				
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Benjamin Elemboge						
	Address						
	4100	Monty	/ier	Blv			
	Reason(s) for filing (Check proper box)						
	New Well	<u>X</u>					
	D 1-4/	1					

NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW	MEXICO OIL C	ONSERVATION COM	MISSION	Form C-104		
SANTA FE /		REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
FILE /		AND Effective 1-1-65					
U.S.G.S.	AUTHORIZA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE							
TRANSPORTER							
GAS /					CCEII IN		
OPERATOR 3							
PRORATION OFFICE				·	/ this out bad the		
Operator					[1] [1]		
Benjamin Eleni	ogen				1 JUN 1 1968 1		
Address					OIL SON COM		
4100 Montview	Blvd, Denver, C	olorado 80	0207		- COM		
Reason(s) for filing (Check proper		_	Other (Pleas	se explain)	्रे अ ST. 3		
New Well	Change in Trans		r=-				
Recompletion	Oil	Dry Ga	=				
Change in Ownership	Casinghead Gas	Conden	sate				
	_						
If change of ownership give nam and address of previous owner _	e 						
I. DESCRIPTION OF WELL AN	ID LEASE			Kind of Lease	I ease No.		
Lease Name	Well No. Pool N	Name, Including F	ormation		Offerfire .		
Jicarilla A-55	2 B	allard PC		State, Federal Cr	Fee Apache Tribal Cont.		
Location					_		
Unit Letter	1800 Feet From The	North Lin	e and 1850	Feet From The	East		
O.M. 201101							
Line of Section 35	Township 23N	Range	3W , NMP	M, Sandov	County		
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND	NATURAL GA	S				
Name of Authorized Transporter of	Oil or Condens	ate 🗀	Address (Give address	to which approved	copy of this form is to be sent)		
Name of Authorized Transporter of	Casinghead Gas 🗶 or	Dry Gas	Address (Give addres:	to which approved	copy of this form is to be sent)		
El Faso Natural Ga	s Company			New Mexico	87401		
If well produces oil or liquids,		Twp. Rge.	Is gas actually connec	cted? When			
give location of tanks.		1					
If this production is commingled		- 10050 or pool	give commingling ord	er number:			
	with that from any other	Trease or poor,	Rive comminging or				
V. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen F	Plug Back Same Restv. Diff. Restv		
Designate Type of Compl	etion = (X)	X	X				
Date Spudded	Date Compl. Ready t		Total Depth	F	P.B.T.D.		
12-11-67	9-2	22-68	3080		3043		
Elevations (DF, RKB, RT, GR, etc			Top Oil/Gas Pay		Tubing Depth		
7356' GL. 7368' KB	Fictured		2910		2916		
Perforations		,		1	Depth Casing Shoe		
2928-2944 /2 H	oles per Foot				3076		
2920-2944 /2 8	TURIN	G. CASING. AN	D CEMENTING RECO	RD			
1101 5 5175	CASING & TU		DEPTH		SACKS CEMENT		
HOLE SIZE		\$.0 #	107 Fee	•	755 X 2% C2 C/2		
124			3043 Fee		1005 X 50/50 por mix		
6 3/4		9.50#	2916 Fee		2% Ge1		
	12	2.70#	2710 140	<u> </u>	24 781		
	· · · · · · · · · · · · · · · · · · ·				t the second		
V. TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must be a	ifter recovery of total vo epth or be for full 24 ho	lume of load oil and irs)	d must be equal to or exceed top attor		
OIL WELL			Producing Method (Fi				
Date First New Oil Run To Tanks	Date of legs		1 roadoning institute (s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
			Casing Pressure	T .	Choke Size		
Length of Test	Tubing Pressure		Ordered Liesama				
			Water - Bbls.	+	Gas - MCF		
Actual Prod. During Test	Oil-Bbls.		Adial - Dale.				
GAS WELL			Table Coll 1 Co	T T	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MN	nor			
10.041	3 Hours			-4-4-7	Chaha Size		
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in }	Casing Pressure (Sh	46-14)	Choke Size		
Back Eressure	581		582		3/4 THC		
CERTIFICATE OF COMPL			OIL	CONSERVAT	ION COMMISSION		
CHAIR CHILD OF COME				4	UN 11 1968 .		
I hereby certify that the rules	and regulations of the O	il Conservation	APPROVED		, 13		
			Signed by A.	R. Kendrick			
above is true and complete to	edge and belief.	BY	PETROLEUM ENGINEER DIST NO 9				
		TITLE PETRO					
			11		- Name with mill # 4104		
	fi .		This form is	to be filed in co	mpliance with RULE 1104.		
Duran	Canada Varantii i	and the second	11		. • • • • • • • • • • • • • • • • • • •		
	- lend	Carl Comment	11 11 11 1 Coom -		MY DA E (EDMIECTOR OF CITE COATEST		
	(Signature)	<u> </u>	well, this form m	ust be accompani se well in accord	ance with RULE 111.		
	(Signature)		well, this form m tests taken on th	ust be accompani se well in accord	ble for a newly drilled or deepended by a tabulation of the deviation ance with RULE 111. be filled out completely for allowed.		

June 3, 1968 (Date)

All sections of this form must be fille able 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.