•	NO. OF COPIES RECI	4		
	NO. OF COPIES ALL			
	DISTRIBUTION			
	SANTA FE			
	FILE			V
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
ı:	OPERATOR		L	
	PRORATION OFFICE		1	
	Refiners Petroleum			

24.1

	DISTRIBUTION / SANTA FE / L	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND Porm C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
c	TRANSPORTER OIL / GAS OPERATOR /						
1.:	PRORATION OFFICE						
	Refiners Petroleum Corp.						
	Address 900 Bank of New Mexico Building, Albuquerque, New Mexico 87101						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas Casinghead Gas Conden	F				
,	Change in Ownership	Casingheda Gas Conden	346				
	If change of ownership give name and address of previous owner		··				
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	Kind of Le	ase Jicarilla Lease No.			
	Lease Name Cuba-Pan Am	1 Undesignated		eral or Fee Contract No. 373			
	Location						
	N 990	Feet From The South Line	and 1650 Feet Fro	m The West			
	Unit Letter;	Peet From The					
	Line of Section 24 Tow	mship 22 North Range 3	West , NMPM,	Sandoval County			
IП.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)			
	The Permian Corpor		Farmington, New Me				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)			
	None						
	If well produces oil or liquids,	Unit Sec. Twp. P.qe.	10 3-2	When			
	give location of tanks.	N 924 22N 3W	No gas				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on = (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	10-28-70	11-21-70	7050				
	Elevations (DF, RKB, RT, GR, etc.) 7246 GR	Name of Producing Formation Graneros Dakota	Top Oil/Gas Pay 6786	Tubing Depth 6786			
		CARROLO DELLO TO		Depth Casing Shoe			
	6786* - 6814*			7049*			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13-3/8"	10-3/4	210	DV tool @ 2587', cemente			
	7-7/8"	4-1/2"	7049 ° 6786 °	1st stg w/270, 2nd stg			
		2-3/8"	0,00	w/130 sx			
		OD ATTOUGHT OF	disconnected and and and and	oil and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (lest must be a able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	11-21-70	11-21-70	Flowing	Choka Siga			
	Length of Test 24 hrs	Tubing P100#	Casing Breasure	Choke Size			
. •	Actual Prod. Dails bbls	Oil-Bbls. 255	Water-Bble. 50	Gas-MCF TSTM			
•	30) 0020		CELL				
			(0f1.T1V	ED			
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate ANCE	Gravity of Condensate			
	Actual Plan 1831-18.5.75		1 204 2 4	1910			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shall)	COMMISSION			
			ON CON				
VI	. CERTIFICATE OF COMPLIAN	CE	OIL COI NS	VATION COMMISSION			
				70 19			
-	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVED NOV 24 19				
	above is true and complete to th	e best of my knowledge and belief.	BY Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST. #5				
		• • • • • • • • • • • • • • • • • • • •					
			This form is to be filed in compliance with RULE 1104.				
•	Val to Kee		If this is a request for allowable for a newly drilled or deepened wail, then have no an about a request for allowable for a newly drilled or deepened wail, then have no an about a real about a result to a real about a real ab				
	- Val 10 181	in water					
	Geologist		111 marriage of this flow	All arctions of this form most be filled out or politicly for this is			
		icle)	able on new and recompleted wells.				

(Date)

Fill out only Sections I, II, III, and VI for changes of condition, well name or number, or transporter, or other such change of condition.

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