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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
TRANS DELTA OIL & GAS CO., INC.
Address
650-17th Street, Suite 501, Denver, Colorado 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Meter removed to have meter re-installed.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Com Harrington State** Well No. **7** Pool Name, Including Formation **So. Blanco Pictured Cliffs** Kind of Lease **Com.** Lease No. **SF079352-A**
Location
Unit Letter **1** ; **1680** Feet From The **South** Line and **990** Feet From The **East**
Line of Section **32** Township **24 North** Range **1 West** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ 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 address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. **El Paso, Texas**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes **1-63**
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
x
Date Spudded **7-21-62** Date Compl. Ready to Prod. **8-20-62** Total Depth **3194'** P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) **7409** Name of Producing Formation **Pictured Cliffs** Top Oil/Gas Pay **3117'** Tubing Depth **3087'**
Perforations **3182'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
8 5/8" **98'** **60**
4 1/2" **3182'** **75**
1" **3087'**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or by shut-in 24 hours)
Date First New Oil Run To Tanks Date of Test Production Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. **WELL 6 1974** Gas-MCF
OIL CON. COM. DIST. 3

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
M. P. E. Jr.
(Signature)
Treasurer
(Title)
1-22-74
(Date)
OIL CONSERVATION COMMISSION
APPROVED **FEB 6 1974**
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #3**
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.
All sections of this form must be filled out completely for allowable 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.