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

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

Operator		Paul F. Rutledge	
Address		P. O. Box 2303, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☒
		Condensate	☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Miller "A"	1	Devil's Fork Gallup	State, Federal or Fee Fed.	SF-078584
Location				
Unit Letter	A	990 Feet From The North	Line and	990 Feet From The East
Line of Section	13	Township	24 N	Range 7 W
			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)	
Shell Oil Company, Comerland Pipelines, Inc.	1002 West Central, Denver, Colorado	
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.	P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	A	13
		24 N
		7 W
Is gas actually connected?	When	
No		

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

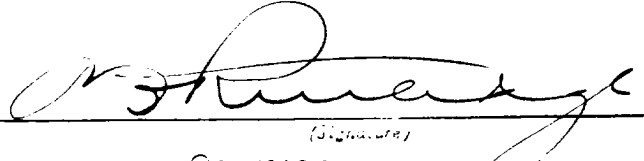
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after 24 hours of total volume of load oil and must be equal to or exceed top allowable rate for this depth (see Sec. 10, N.M.S. 1957))			
Date First New Oil Run To Tanks	Date of Test	Producing method (pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - Bbls.	Oil - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Oil - Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLETION

I hereby certify that the regulations of the Oil Conservation Commission have been followed and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Operator
(Title)
September 9, 1968
(Date)

OIL CONSERVATION COMMISSION

SEP 16 1968

APPROVED
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE
This form must be filed in compliance with N.M.S. 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a log of the deviation tests taken on the well in accordance with N.M.S. 1104.
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 if changed of owner, well name or number, or transporter, or other basic change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.