NO. OF COPIES REC	EIVED &		
DISTRIBUTION			
SANTA FE			
FILE			4-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			-
Operator			

	NO. OF COPIES RECEIVED	\dashv		•		
	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	Form C-104		
	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE / 4		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	c		
LAND OFFICE			AND ON OIL AND NATURAL GA	3		
	OIL /					
	TRANSPORTER GAS /					
	OPERATOR 2					
	PRORATION OFFICE					
I.	Operator		•			
	Challe Oil Company					
	Skelly Oil Company Address					
		M				
	Reason(s) for filing (Check proper bo	Mexico	O4 (01			
	New Well		Other (Please explain)			
		Change in Transporter of:				
	Recompletion	Oil Dry Go				
	Charge in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F		Lease No.		
	Jicarilla "B" (T.B.	2) 12 Otero Gallup	State, Federal or	FeFederal Cont #68		
	Location			4		
	Unit Letter 📕 ;	980 Feet From The North Lin	ne and 660 Feet From The	Kast		
	Unit Letter;;	Feet From The	reet from the	,		
	Line of Section 2.2 To	ownship 25N Range	5W , NMPM, Rio A	Arriba County		
	Elife of decitor 2,	Z.M. Hunge	Ja j Privir IV.j	County		
***	DESIGNATION OF TRANSPOR	TED OF OH AND NATURAL CA	ne .			
111.	Name of Authorized Transporter of Ci	RTER OF OIL AND NATURAL GA	Address (Give address to which approved	conv of this form is to be sent)		
		45	ì			
	Comerland Pipelines. Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	1001 West Central Av Address (Give address to which approved	Denver, Colorado		
	Name of Authorized Fransporter of O	isingheda Gas or Dry Gas		· ·		
	El Pago Hatural Gas	Company	Box 990, Farmington, New	Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	3 28 25N 5W	Yes	1		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA					
		Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completi	$\operatorname{ion} = (X)$				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	, , , , , , , , , , , , , , , , , , , ,					
	Perforations		T	Depth Casing Shoe		
	Characterist		-	John Casing Silver		
			D. GEWENTING DEGGED			
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			<u> </u>			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and	must be equal to or exceed top allow-		
OIL WELL able for this depth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	etc.)		

	Length of Test	Tubing Pressure	Casing Pressure	Boke Stze		
			/6/1 h	IVEN		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	4-2 4€		
	NOV 1 4 1966					
	Actual Prod. Test-MCF/D	Length of Test	Dhia Candananta AMCE			
	Actual Prod. 1881-MCF/D	Ceudin of lear	DIST.	3		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	ibole Size		
			<u> </u>			
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVATI	ON COMMISSION		
				4 1966		
	I hereby certify that the miles and	regulations of the Oil Conservation	APPROVED	, 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original C			
	above is true and complete to the	he best of my knowledge and belief.	BY Original Signed	by A. R. Kendrick		
			THE PROPERTY OF THE PROPERTY O			
			TITLEPETROLEUM EN			
			This form is to be filed in com	pliance with RULE 1104.		
	M RIGIT	NAI \	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 allow-			
		M. I. Ash				
						
	District Superinter	itle)				
	•	• • •	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.			
	Hovember 10, 1966)ate)				
	= / 446 = /		4			

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.

