"A 37 5001	ES RECEIVED	14			
		19-1			
SANTAFE	13 01 10.14			INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
FILE		+ / + / }	/ REQUEST F	FOR ALLOWABLE	Effective 1-1-65
		+-'	41171100174710N TO TO A	AND	•
U.S.G.S.		++	AUTHORIZATION TO TRAF	SPORT OIL AND NATURAL GAS	July Ser
LAND OFF		+			SCFIII I
TRANSPOR		+			OLITIA FO
	GAS	<del> -/- </del>			/ KLU-
OPERATO		+-+			2 1974
PRORATIO	NOFFICE	.1			
Operator	AMOC	יזהחפש חי	CTION COMPANY		OIL CON. COM
Address	Albo	O PRODU	OLION COPERAT		OIL DIST. 3
Address	501	44	Drive, Farmington, New	Mexico 87401	Dist
9	filing (Check			Other (Please explain)	
New Well	Tring Tareer	proper out	Change in Transporter of:		
	뭐		Oil Dry Gas	X	
Recompletion	=		Casinghead Gas Condens	$\equiv$ 1	1
Change in Ov	/z.ersnip[]		Cashigheda Gao		
If change of	ownership gi	ve name			
	of previous c				
II. DESCRIPT	ION OF WE	<u>LL AND I</u>	Well No. Pool Name, Including Fo	rmation Kind of Lease	Federal Lease No.
Lease Name					
	la Contra	ict 146	18 South Blanco Pi	ctured Cllis	Jie. Contract 140
Location		150	4/0	1500	Post
Unit Lette	,, <b>G</b>	_ :	Feet From The North Line	and 1590 Feet From The	East
Line of Se	ection 3	Tow	nship 25-N Range	5-W , NMPM, Rio	Arriba County
III. DESIGNAT	ION OF TR	ANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approved	copy of this form is to be sent)
Name of Aut	horized Transp	orter of Oil	or Condensate	Address (Gree dadress to which opposite	, , , , , , , , , , , , , , , , , , , ,
None	;			Address (Give address to which approved	l conv of this form is to be sent)
Name of Aut	norized Transp	orter of Cas	inghead Gas or Dry Gas		
North	est Pipe	line Con	rperation	501 Airport Drive, Farmi	ngton, New Mexico 87401
	ces oil or liqu		Unit Sec. Twp. P.ge.	Is gas actually connected? When	11-26-69
give location			1 1	Yes	11-20-09
***************************************		ningled wit	h that from any other lease or pool,	give commingling order number:	
IV. COMPLET		migrou			Plug Back   Same Res'v. Diff. Res'v.
		C 1 41.	Oil Well Gas Well	New Well Workover Deepen	Plug Bdck Same Nes V. Bill. 1105 VI
Designa	ate Type of	Completio	on – (A)		
Date Spudde	d		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (	DF, RKB, RT,	GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations					Depth Casing Shoe
			TUBING, CASING, AND	EMENTING RECORD	
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	MOLL SIZE				
l		OTIFICE T	OD ALLOWARIE (Tare must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-
		QUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	
OIL WELL	New Oil Run To	o Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
Date Liter	100000000000000000000000000000000000000	• •			
1 - 1 - 1 - 2			Tubing Pressure	Casing Pressure	Choke Size
Length of T	981				
	The state of the s		Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod	. During Test				_
			<u>L</u>		
					•
GAS WEL			Ti	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Proc	I. Test-MCF/	כ	Length of Test	22.2.	
				Casing Pressure (Shut-in)	Choke Size
Testing Me	thod (pitot, bac	ck pr.)	Tubing Pressure (Shut-in)	Commit Pressure (ande-200)	
				<del>                                     </del>	
VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVAT	TION COMMISSION
vi. CERTIFIC	ALLE OF C			FEB	7 1974
	- ئە دىلەر يورى	antes est	regulations of the Oil Conservation	APPROVED	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				BY Original Signed by A. R. Kendrick	
					by A. R. Kendrick
			with and that the information given e best of my knowledge and belief.	By Original Signed	by A. R. Kendrick INEER DIST. NO. 3

TITLE .

Original Signed by

G. L. HAMILTON (Signature)

(Title)

Area Administrative Supervisor

December 28, 1973
(Date)

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.

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