NO. OF COPIES RECEIVED			4	
DISTRIBUTION				
SANTA FE		1		
FILE		7	L-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
I RANSFORTER	GAS			
OPERATOR		II		
PRORATION OFFICE				

		·					
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104			
	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	FILE /	4	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	CAS			
	LAND OFFICE	Normanization to the	THE ONL OIL AND HATOKAL	0/10			
	IRANSPORTER OIL						
	GAS /						
	OPERATOR /						
I.	PRORATION OFFICE						
••	Operator						
	LYNCO OIL CORPORAT	ION					
	Address						
	7890 E. Prentice A	ve. Englewood, Colorado	80110				
	Reason(s) for filing (Check proper t	box)	Other (Please explain)				
	New Well XXX	Change in Transporter of:					
	Recompletion	Oil Dry G	as 🕶				
	Change in Ownership	Casinghead Gas Conde	ensate 🔲				
	If change of ownership give name	<u>.</u>					
	and address of previous owner _						
II.	DESCRIPTION OF WELL AN	D LEASE					
	Lease Name	Well No. Pool Name, Including F	•				
	R egi na	6 South Blanco	, PC State, Federa	alor Fee Fee			
	Location						
	Unit Letter ;;	790 North	ne and Feet From	East			
	Ont Letter						
	Line of Section 34	Township 24N Range	1W , NMPM, Rio A	rriba County			
III	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)			
	l 1						
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which appro				
	El Paso Natural Gas (Co.	P. O. Box 1492 E1 P	aso, Texas			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en			
	give location of tanks.		No				
	If this production is commingled	with that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Comple	tion – (A)	X	l			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5/22/75	11/26/75	3050	3024			
	Elevations (DF, RKB, RT, GR, etc.		Top Cil/Gas Pay	Tubing Depth			
	7337 GR	Pictured Cliffs	2980	Tubingless Completion			
	Perforations			Depth Casing Shoe			
	2980-2996 2979						
		TUBING, CASING, AN	ID CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 3/4"	96'	100 sxs - circulated			
	6 3/4"	2 7/8"	3040	150 sxs			
				<u>i</u>			
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL	able for this a	lepth or be for full 24 hours)	6 1			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas !	171, 610.7			
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size			
				Gas - MCF			
	Actual Prod. During Test	Off-Bbis.	Water-BbibEC & 103n	Gds-MCF			
			8 1975				
			OH. CON. COM.				
	GAS WELL		DIST COM.				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condessate/MMOF	Gravity of Condensate			
	1182	3 hrs	None				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/411			
,	Back Pressure	Tubingless Completion	582	3/4			
VI	CERTIFICATE OF COMPLIA	ANCE		ATION COMMISSION			
• • •	Tarrier of Communication		JAN 3 A	항 7년 			
	I herehy certify that the miles ar	nd regulations of the Oil Conservation	Original Signed	, 19			
	Commission have been complied	d with and that the information given		or and the state of the state o			
	above is twice and complete to	ing near of my knowledge and Dellel.					

VI.

ORIGINAL SIGNED BY E. L. FUNDINGSLAND, JR. (Signature) Vice President

Dec. 4, 1975

(Title)

(Date)

	JAN 9 0 2979	
APPROVED Orig	inal Signed of Lendrick	
BY		
TITI F	SUPERVISOR DIST. 40	

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.