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SANTA FE				
FILE		1		
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
IRANSPORTER	OIL	<u> </u>	<u> </u>	
	GAS	1		
OPERATOR				
PRORATION OFFICE				

	SANTA FE /	1	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11: Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR ,	+					
1.	PRORATION OFFICE	<u> </u>					
	LYNCO OIL CORPORATION						
	Address 7890 E. Prentice Ave. Englewood, Colorado 80110						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New We!1 Change in Transporter of:						
	Recompletion	OII Dry Go					
	Change in Ownership	Castnghead Gas Conder	nsate				
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.			
	Regina	7 South Blanco,	E .	ral or Fee Federal NMO3451			
	Location I/ 10	50 South	1650	West			
	Unit Letter K 18	50 Feet From The South Lin	ne andFeet From	n The			
	Line of Section 34 Tor	wnship 24N Range	1W , NMPM, Rio	Arriba County			
111.	Name of Authorized Transporter of Oil	rer of oil and natural ga	Address (Give address to which appr	oved copy of this form is to be sent)			
	i 1		Cina address to which appr	oved copy of this form is to be sent)			
	Name of Authorized Transporter of Car El Paso Natural Gas Co		Box 1492 El Paso, Texa	1			
		Unit Sec. Twp. Ege.		hen			
	If well produces oil or liquids, give location of tanks.		No				
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completion		X Table Danth	P.B.T.D.			
	Date Spudded 12-17-75	Date Compl. Ready to Prod. 9-15-76	Total Depth 3014	2990			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	7303 RKB	Pictured Cliffs	2950	Tubingless Depth Casing Shoe			
	Perforations			3013			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	90 sxs - circulated			
	12 1/4"	8 5/8" 2 7/8"	95 3014	150 sxs			
	0 3/ 4			1			
				i			
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 allowable for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Chope Size			
	Caudin of Last		<u> </u> 	a But Gestucke (
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	GG-MGCT 12 1976			
				OIL CON. COM.			
	GAS WELL			DIST. 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF None	Gravity of Condensate			
	1066 MCFPD Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure		650	3/4"			
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED OCT 2 1 101 3 , 19				
			ByOriginal Signed by A. R. Kendrick				
ORIGINAL SIGNED BY E. L. FUNDINGSLAND, JR.		THE THE GOD DICT AND					
		11166					
		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.					
					Vice President		
10 - 6 - 10 (Title) (Date)							
						·	