NO. OF COMIES NECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
SANTA FE /	PEOLIEST FOR ALLOWARIE Supersedes Oid C-104 and C-110		
FILE /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR 7			
PRORATION OFFICE			
Coperation (Cantingent a	el Oil O	THE PROPERTY	
Address 160	Halelis	Min Medica	· 88240
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cii Dry Ga	s 📥	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
181 anache C	" 9 de Sland	State, Federal	cr Fee LNRAN
Location			
Unit Letter; 90	Feet From The SOUTH Lin	se and 990 Feet From 1	The
Line of Section 9 Town	nship 35 N Range	JW , NMPM, TH	arriba County
I. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	er OF OIL AND NATURAL GA	Address (Give address to which approv	ved copy of this form is to be sent)
Name of Authorized Transporter of Casi	Inghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
21 (1)	A Hamblation	First Introduction	1100 27 10 75270
Jan Impani	Unit Sec. Twp. Rge.	is gas actually connected? Wh	en
livell produces oil or liquids, give location of tanks.		Ho	
If this production is commingled with	h that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.
Designate Type of Completion		X	P.B.T.D.
Date Spudded 8-1-76	Date Compl. Ready to Prod.	Total Depth Afc 21	3972
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
CiR 7352"	Fitured Chilles	Top Oil/Gas Pay	
Perforations	Vision Color		Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 "4	8 5/8 "	329'	250
6314	2 7/8"	4001	250
	!		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)	and must be equal to or exceed top allou
Date First New Oi. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
Length of Test	Tucing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bb.s.	GDB-MCF OIL OCH SCIA
	<u> </u>	<u></u>	DIST. 3

Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 3 HRS. 1122 Choke Size Cosing Pressure (Shut-in) Tucing Pressure (Shut-in) Testing Method (pitot, back pr.) 894 B.P.

"). CERTIFICATE OF COMPLIANCE

NMOCE-AZTEC

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

This form is to be filed in compliance with RULE 1104.

Original Signed by 1. 8. Lendrick

TITLE SUPERVISOR DIST. #0

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.

OIL CONSERVATION COMMISSION

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, 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.