DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		15
		I_L
		ΠI
IRANSPORTER	OIL	72
IRANSPORTER	GAS	17
OPERATOR	•	12
PRORATION OFFICE		Г

l	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
ſ	FILE / -	_	AND	Effective 1-1-85		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	NS		
	LAND OFFICE					
	TRANSPORTER GAS /			•		
	OPERATOR - 7		•	•		
i.	PRORATION OFFICE					
	Operator Manning Gas & Oil	l Company				
Address 1660 Times In St. Suite 2502 Demon Calaura 20000						
1660 Lincoln St., Suite 2502, Denver, Colorado 80203 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X Change in Transporter of:					
1	Recompletion	Oil Dry Ga	• 🔲			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
I.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Jicarilla Legse No.		
	Apache	17 So. Blanco	P.C. State, Federal	or Foo Indian cont, 26		
	Location					
	Unit Letter I ; 1850	Feet From The South Lin	e and 790 Feet From Ti	East		
	Line of Section 11 Tow	mship 24N Range	TW , NMPM,	County		
ı.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)		
	NONE					
	Name of Authorized Transporter of Cas		Address (Give address to which approve			
	El Paso Natural C	las Company Unit Sec. Twp. Ege.	P.O. Box 990, Farmi			
	If well produces oil or liquids, give location of tanks.		NO t	Inknown		
		h that from any other lease or pool,	give commingling order number:			
•	Designate Type of Completion	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9-6-76	9-22-76	3128*	3049*		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6807 * KB	Pictured Cliffs	2949	2949		
	Perforations 2949*-2955*, 29	1821_20871		Depth Coming Shoe		
	TUBING, CASING, AND CEME		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	124"	8-5/8"	151 •	260 sxs.		
	7-7/8"	42"	3079	150 sxs.		
		4 1 8				
		1½"	2949•	· · · · · · · · · · · · · · · · · · ·		
V.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE. (Test must be a able for this de	fter recovery of total volume of load oil a epth or be for full 24 hours)	un was so court to a faced to com-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	etc.)		
				Shaha 1976		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size OCT 2 8 1976		
	Actual Prod. During Test	Oil - Bbls.	Water - Bble.	Gas-MCF OIL CON. COM.		
	Actual Float During 1001			DIST. 3		
	GAS WELL Flowing Pro	ess., tubing-340 ps	ig, casing-515 psig			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	34" - 40 59MCF, CA OF - 547	NCP 3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pressure	955 psig	955 psig	3/4"		
/1	CERTIFICATE OF COMPLIAN			TION COMMISSION		
	CEMINIONE OF COMMENT		NOV 1	1976		
	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.		Original Signed by A. R. Vondrick			
For: Manning Gas & Oil Company		SUPERVISOR DIST. 43				
	Evel 11000er EWELL No WALSD Gieratura) P. E.		TITLE			
				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		
-			i wall this form must be accompan			
Ewell N. Walsh Signature) P.E. President. Walsh Engineering & Production Corporation		tests taken on the well in accordance with RULE 111.				
	Production Corporation (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
October 27, 1976			Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.			
	<u> </u>	ate l	II well name or number, or transport	an at amen encu cusula of countrior		

(Date)

Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.