NO. OF COPIES RECEIVED		15		
DISTRIBUTION				
SANTA FE		Γ_{i}		
FILE		Γ'	_	
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
IRANSPORTER	OIL	I		
	GAS	1		
OPERATOR		24		
PRORATION OFFICE				
Operator				

I.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator Operator Operator ONTINEN Address Reason(s) for filing (Check proper box) New Well	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA WY Other (Please explain)	
4	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	Oil Dry Gas Casinghead Gas Condens		CONTRACT INDIAN No. OF Fee /12
11.	DESIGNATION OF TRANSPORT	PER OF OIL AND NATURAL GAS	W, NMPM, RIO	ARRIBA County
	Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas GAS COMPAN If well produces oil or liquids, give location of tanks.	Inghead Gas or Dry Gas A OF NEW MEXICO Unit Sec. Twp. Rge.	Address (Give address to which approved DALLAS, TEXAS Is gas actually connected? Whe	ed copy of this form is to be sent)
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	n - (X) X	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Restv. Diff. Restv. P.B.T.D. 3856
	Elevations (DF, RKB, RT, GR, etc.) (IR 7320' Perforations 3766 - 379	PICTURED CLIFFS	3775	Tubing Depth Depth Casing Shoe 386
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	0 3 0 A		160
	12 4	27/2 "	516°	270
	6 3/4			
V.	TEST DATA AND REQUEST FOOL, WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be affined able for this dependence of Test	ser recovery of total volume of load oil oth or be for full 24 hours) Producing Method (Flow, pump, gas li)	and must be equal to at exceed top allow-
				Choke Size
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Gds-MCF
	Action Float Suring 1999			
	GAS WELL		T	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Ciarry or Condensate
	371 CAOF Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"
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. C. A. STAFF ASST.		OIL CONSERVATION COMMISSION APPROVED, 19		
		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 tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		

All sections of this form must be filled out completely for allowed able on new and recompleted wells.

All sections of this form must be filled out completely for allowed able 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.