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r II. C			<u> </u>
U.S.G.5.			
LAND OFFICE		<u> </u>	l
TRAMSPORTER	OIL		l
	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE			<u> </u>
Operator			

	DISTURBUTION SARTA FE FILE U.S.G.5. LAND OFFICE TRANSPORTER GAS OPERATOR	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND HATURAL	Firm C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	Cherator	Debert I Pauloss				
J. Gregory Merrion & Robert L. Bayless						
	P.O. Box 1541, Farmin		Other (Please explain)			
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Cunership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	s []			
	If change of ownership give name and address of previous owner					
S I .	. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease					
	Lease Name East Lindrith	3 Blanco Pic. C	·	Lease No. No. NMO3992		
	Location					
Unit Letter I : 1770 Feet From The South Line and 790 Feet From The East						
	Line of Section 27 Tov	vnship 24N Range	2W , NMPM,	Rio Arriba County		
13	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Mane of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	l e e e e e e e e e e e e e e e e e e e	proved copy of this form is to be sent)		
	Northwest Pipeline C	orp.	P.O. Box 90, Farmingt	on, NM 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	no	As soon as possible		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	Date Compl. Heady to Prod.	Total Depth	P.B.T.D.		
	Date Spudded 11-18-79	05-07-80	3350 '	3355' Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc., 7313 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3174	none		
	7515 GR Triorations 3255, 3238, 3235, 3232, 3183, 3180, 3177, 317		7.4	Depth Casing Shoe none		
	3255, 3238, 3235, 32	none				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9"	7" 3-1/2"	95' 3372'	50 sacks		
	5-1/2"	2-1/16"	3185'	(Siphon String)		
		OD ALLOWARIE (Tour put here	free recovery of total volume of load	oil and must be equal to or exceed top allow-		
٧.	TEST DATA AND REQUEST FOIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga			
	Length of Test	Tubing Pressure	Casing Pressure	Chox Size		
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF		
				28700		
	GAS WELL		0.000	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	nône		
	242 MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (5hut-in)	Choke Size		
	Back Pressure	none	690 PSIG	1/2" EVATION COMMISSION		
1.	PRTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation omnission have been complied with and that the information given the constraint of the constrain		Original Signed by CHARLES CHOLON . 19			
	above is true and complete to the	e best of my knowledge and belief.	DEPUTY OIL & GA	DEPUTY OIL & GAS INSPECTOR, DISE. #3		
	M	_//)	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.			
	11	And.				
		ature)				
	Engi	neer	All sections of this form	must be filled out completely for allow-		

(Title) (Date)

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

Fill out only Sections I. II, 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.