NO. OF COPIES REC	10		
DISTRIBUTIO			
SANTA FE			
FILE	1	g s	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	III	
OPERATOR	12		
PRORATION OF			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

	FILE	/		an - 4		AND		Effective 1-	1-65
	U.S.G.S.	_	1	AUTHORIZA	ATION TO TRA	ANSPORT OIL	AND NATURAL 1	3A3	
	LAND OFFICE								
	TRANSPORTER OIL								
	GAS		1				PUBC	O PETROLEUM C	
	OPERATOR	#					MERGED I	NTO MESA PETROLI	URP.
I.	PRORATION OFFICE Operator					<del></del>		ECTIVE MAY 1, 197	EUM CO.
				TO THE TANK				1, 197	3
	Address	44 (U)	Little C	ORPORATION					-
	P.O. Box	t P,	Aztec,	, New Mexic	:0				
	Reason(s) for filing (Check	prope	r box)			Other	(Please explain)		
	New Well			Change in Trans	sporter of:				
	Recompletion			Oil	Dry Go	ıs 🔲 🗎	Name changed	from Scott #2	1-3
	Change in Ownership			Casinghead Gas	Conde	nsate 🔲		•	•
						· · · · · · · · · · · · · · · · · · ·			
	If change of ownership gi and address of previous								
	and address of previous	,							
II.	DESCRIPTION OF WE	LL A	ND LEA	SE					
	Lease Name			Well No. Pool	Name, Including F	ormation	Kind of Leas		Lease No.
	Scott			4 Bla	meo Pietur	ed Cliff Son	state, Federa	lor Fee Federal	<u> </u>
	Location								
	Unit Letter	_ ; _1	<b>L650</b>	_Feet From The	South Lir	ne and	Feet From	The <b>Vest</b>	· · · · · · · · · · · · · · · · · · ·
	Line of Section 2	•	Townshi	p 26 North	Range	6 West	NMPM, Rio	Arriba	County
III.	DESIGNATION OF TR						11 . 1 . 1		
	Name of Authorized Transp	orter o	ot O11	or Condens	ate 🔛	Address (Give ad	idress to which appro	ved copy of this form i	s to be sent)
						ļ	,,		<del></del>
	Name of Authorized Transp				Dry Gas			ved copy of this form i	•
	Ki. Paso	Mati		s Company		1	P.O. Box 1492	El Paso, Te	X8.5
	If well produces oil or liqu	ids,	Uni	t Sec.	Twp. Rge.	Is gas actually connected? When			
	give location of tanks.		1		1		(es		
	If this production is com	ningle	d with th	at from any othe	r lease or pool,	give commingling	g order number:		
	COMPLETION DATA							· · · · · · · · · · · · · · · · · · ·	
	Designate Type of	Comp	letion	Oil Well	Gas Well	New Well Wor	kover Deepen	Plug Back   Same F	Restv. Diff. Restv.
		Comp			1	1	1	1	1
	Date Spudded		Dat	e Compl. Ready t	o Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT,	GR, e	tc.) Nar	ne of Producing F	'ormation	Top Oil/Gas Pay	,	Tubing Depth	
						<u> </u>		1	
	Perforations							Depth Casing Shoe	
						CEMENTING R			
	HOLE SIZE			CASING & TU	IBING SIZE	DEF	TH SET	SACKS C	EMENT
						ļ		<del>                                     </del>	
				<del></del>					
						<del> </del>	<del>,</del>	·	
		•				<u> </u>	<del>, ,</del>	<u> </u>	
V.	TEST DATA AND REC	QUES	T FOR A	ALLOWABLE		fter recovery of tot pth or be for full 2		and must be equal to o	or exceed top allow-
	OIL WELL Date First New Oil Run To	Tank	Dat	e of Test	dote for this de	·	d (Flow, pump, gas li	t. etc.)	
	Date First New On Hair 16	, I GIIK.	.   54.					.,	Participation of the Control of the
	Length of Test		Tul	Tubing Pressure		Casing Pressure		Choke Size	
	Length of 100.							ZEL FINED	
	Actual Prod. During Test		011	-Bbis.		Water - Bbls.		Gas-MO	1 500
								1.00	1066
	l					<u> </u>	· · · · ·	FEB2	- 1000
	GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity Condensate/  Gravity Condensate/								M. COM
	Actual Prod. Test-MCF/D	,	Ler	igth of Test		Bbls. Condensate	e/MMCF	Gravity of Condense	eT. 3
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Testing Method (pitot, bac	k pr.)	Tub	ing Pressure (Sh	ut-in l	Casing Pressure	(Shut-in)	Choke Size	
				•			•		
# / T	CERTIFICATE OF CO	WDT	TANCE				OIL CONSERVA	TION COMMISSI	ON
VI.	CERTIFICATE OF CO	MPL	IANCE				OIL CONSERVA	TION COMMISSI	ON
						APPROVED	FEB 2 1966		19
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.				l Conservation formation given	Original Signed Emery C Arnold			•	
				II DY					
				TITLE Supervisor Dist. # 3					
					TITLE Supervisor Date #				
	IIA D	LA DKI				This form is to be filed in compliance with RULE 1104.			
_	She Offroder				If this is a request for allowable for a newly drilled or deepened				
	(Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Field F	Field Foreman					ons of this form mu	st be filled out comp	
(Title)					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,				
	January 31, 1966 (Date)								
						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.			