NO. OF CAN LS RECEIVED 5			_
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 an
FILE	KEGOEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS
LAND OFFICE			
TRANSPORTER OIL			
GAS /			
OPERATOR 4	<u>_</u>		
PRORATION OFFICE			
Operator			
	ılkins Oil Company	······································	
Address		North Marsonia	
Reason(s) for filing (Check proper box		Other (Please explain)	
New We!1	Change in Transporter of:	J,	
Recompletion	Oil Dry Go	s [X]	
Change in Ownership	Casinghead Gas Conder	77	
Change In Conterantp			
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE   Well No.: Pool Name, Including F	ormation   Kind of Leas	e Leas
_	328 South Blance		
Breech C	J20 Journ Brance	, 10	1000 11.000
	OFeet From TheSouth_Lir	e and 990 Feet From	The East
Line of Section 13 To	waship 26 Notth Range	S West , ммрм, Rio	Arriba c
OF TRANSPOR	MED OF OUR AND MATURAL CA		
I. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appro	ved copy of this form is to be sen
Name of Almorized Transporter of or			
Name of Authorized Transporter of Co	stinghead Gas or Dry Gas X	Address (Give address to which appro	wed copy of this form is to be sen
1		1508 Pacific Ave.	. Dallas. Texas
Gas Company of New	Unit Sec. Twp. Rge.	<u> </u>	ien
If well produces oil or liquids, give location of tanks.		Yes	
	<u> </u>		
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff.
Designate Type of Completi	on - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-25-58	8-24-58	3126	
7-25-58 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6600 Gr.	Pictured Cliffs	3028	3047
Perforations			Depth Casing Shoe
3	029-3084		3126
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	105'	115
7 7/8"	5 1/2"	3126'	200
	1 1/4"	3047	
		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	l and musy be equal to a expenden
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Ftow, pump, gas t	
Length of Test	Tubing Pressure	Casing Pressure	CHOK. SMOV & 2 1976
i		Water-Bbls.	Gas MCF DIGT 3
Actual Prod. During Test	Oil-Bbls.	water - ppis.	Gas WCF DIST. 3
GAS WELL	Langth of Tast	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Data, Condensate/MMCF	G. C. F. C. Condensacio
2010 Testing Method (pitot, back pr.)	3 Hours	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	•	1 "
1 Pt. Back Pressure	1000	1,000	3/4"
I. CERTIFICATE OF COMPLIA	NCE	1 6	ATION COMMISSION
		APPROVED	Will
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given	Il a a a a diamod by	A. A. Kendrick
above is true and complete to the	ne best of my knowledge and belief.	0.200	্ৰ

Superintendent

11-10-76

(Title)

Jare)

be equal to be expended allow-

Supersedes Old C-104 and C-110 Effective 1-1-65

Lease No.

County

NM03381

Same Res'v. Diff. Res'v.

Casing Pressure	OIL CON. COM.
Water-Bbls.	Gas WEF DIST. 3
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size
1000	3/4"
OIL CONSERVA	TION COMMISSION
APPROVED	
By Original Signed by A	. A. Kendrick
TITLE	
This form is to be filed in c	ompliance with RULE 1104.
If this is a request for allow- well, this form must be accompan- tests taken on the well in accord	able for a newly drilled or deepened tied by a tabulation of the deviation fance with RULE 111.
able on new and recompleted we	
well name or number, or transports	III, and VI for changes of owner, er, or other such change of condition.
Separate Forms C-104 must completed wells.	be filed for each pool in multiply