ľ	NO. OF COPIES REC	EIVED							
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-	SANTA FE		<u> </u>				NE	W M	
:	FILE		-	-	r				
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	U.S.G.S.					AUI	HORIZ	A I	
i	LAND OFFICE								
-	TRANSPORTER	OIL	!	-	i i				
- 1		GAS	1_	<del></del>					
;	OPERATOR		2	: +					
. į	PRORATION OF	FICE	L						
Ī	Cherator								
	Depco	Inc.	•						
	Address								
	825 F	etro.	leu	m C	lub	Bu	ildin	ıg,	
	Reason(s) for firing	(Check p	горег	box)					
	New Well		Change in Transpo						
	Recompletion	Oil							
- 1	Change in Ownershi	Casinghead Gas [							
	If change of owners				Tnt	orn	ation	al	
	and address of pre-	vious ov	vner .				, Col		
							,	-01	
١.	DESCRIPTION C	F Was	ika Pa	ND I	LEAS	E e as	e No:	We	
	-				CEO	_			
	Jenki	_ns			SFU	/9 <u>1</u>	60A	۲,	
	Location								
	Unit Letter(	]	. ; <u> </u>	805	)	Feet	From Th	ne_	
	Line of Section	1.5		Tov	vnship		26N		

(Date)

SANTA FE		-	REQUEST FO	NSERVATION COMMIS OR ALLOWABLE AND		Form C-104 Supersedes Old C-1 Effective 1-1-65	04 and C-110			
U.S.G.S.  LAND OFFICE  TRANSPORTER GA	<del></del> -	AUTHORIZA	TION TO TRAN	SPORT OIL AND NA	ATURAL GAS					
OPERATOR	2									
• PRORATION OFFICE Cherator					<del></del>					
Depco Ir	ic.				· <del></del>					
825 Petr		lub Building	, Denver, C	Colorado 8020						
New Well	k proper boxy	Change in Trans			• •					
Recompletion Change in Cwnership		Oil Casinghead Gas	Dry Gas Condense	ate						
If change of ownership and address of previous		Internationa Denver, Colo		Corporation,	825 Petrol	leum Club Bui	lding,			
I. DESCRIPTION OF W		FASE		e, Including Formation	Kin	d of Lease				
Jenkins		SF079160A	l Sout	ch Blanco - P.	C. Stat	e, Federal or FeeFed	leral			
Location Unit Letter C	. 805	Feet From The	North Line	and <u>1750</u>	Feet From The	West				
	,			7W , NMPM,	Rio Arr	i ba	County			
Line of Section 15					1110 1111					
I. DESIGNATION OF T	RANSPORT sporter of Oil	or Condens	sate	Address (Give adaress to						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀			Address (Give address to which approved copy of this form is to be sent)  Box 990 Farmington, New Mexico						
EL Paso if well produces oil or lie		Unit Sec.	Twp. Rge.	Is gas actually connected	i? When					
give location of tanks.  If this production is co-		t that from any oth	ar lease or pool 9	Yes		12-31 <b>-</b> 52				
V. COMPLETION DATA  Designate Type of	<u>,                                     </u>	Oil We		New Well Workover		g Back   Same Resty.	Diff. Res'v.			
Date Spudded		Date Compl. Ready	to Prod.	Total Depth	P.1	3.T.D.				
Elevations (DF, RKB, R	T, GR, etc.)	Name of Producing Formation		Top Otl/Gas Pay		Tubing Depth  Depth Casing Shoe				
7-6-40-6	Perforations				De					
Periorations				CEVENTING DECOR						
HOLE SIZ	HOLE SIZE		TUBING, CASING, AND CASING & TUBING SIZE		T	SACKS CEMENT				
THE PART AND P	FAUEST F	OR ALLOWABLE	(Test must be af	ter recovery of total volu	me of load oil and	ind must be equal to or exceed top allow-				
V. TEST DATA AND R		Date of Test	able for this de	pth or be for full 24 hours   Producing Method (Flow	,					
Date First New Oil Run	Date First New Oil Run To Tanks Date of					Choke Sac				
Length of Test		Tubing Pressure		Casing Pressure	0.	Krori.	es			
Actual Prod. During Te	st	Oil-Bbis.		Water-Bbis.	G	JUN'S 19	COM.			
				Water-Bbls.  JUNG COM  OIL CON. 3						
GAS WELL	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
		Tubing Pressure		Casing Pressure	c	hoke Size				
Testing Method (pitot,	Testing Method (pitot, back pr.)  Tubing Pressure				A TION COMMISSION					
VI. CERTIFICATE OF	COMPLIAN	ICE				ON COMMISSION				
I hereby certify that	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					APPROVED JUN 6 1966 , 19, 19				
Commission have be above is true and co				BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3						
					SUPERVISOR DIST, #3					
	, /		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened							
	Prod. Su	nature)		well, this form must be accompanied by a tabilities of the						
Dist. I			All sections of this form must be filled out completely for allow able on new and recompleted wells.							
-	JUN "	"21966		Fill out only Sections I, II, III, and VI for changes of owner						

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.