NO. OF COPIES REC	EIVED		1
DISTRIBUTION		5	
SANTA FE			
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		,2	
BRODATION OFFICE		i i	

!	DISTRIBUTION 5		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
;	FILE / V			Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	N S			
	LAND OFFICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	TRANSPORTER GAS /						
i	OPERATOR 2						
1.	PRORATION OFFICE						
	Cperator						
	Depco Inc.						
	Address						
		lub Building, Denver, C					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	7				
	Change in Ownership X	Casinghead Gas Condens	sate				
		nternational Oil & Gas enver, Colorado 80202		oleum Club Building,			
II	II. DESCRIPTION OF WELL AND LEASE						
**.	Lease Name	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease			
	MKL	SF 079162 13 Sout	h Blanco - P,C.	State, Federal or Fee Federal			
	Location						
	Unit Letter A ; 1020	Feet From The North Line	e and 360 Feet From Ti	ne <u>East</u>			
	January						
	Line of Section 7 Tow	vnship 26N Range	7W , NMPM, Rio Ar	riba County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give agaress to which approve	copy of this form is to be come,			
			Address (Give address to which approve	d conv of this form is to be sent)			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀					
	El Paso Natural		Box 990, Farmington,				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.	1	Yes	9-26-52			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA			Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completic		New Well Workover Despen				
	Designate Type of Completic		Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Deptin				
		Constitution Constitution	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/ 012 1 = 7				
				Depth Casing Shoe			
	Perforations						
		TURING CASING AND	CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TODING SIZE					
			1				
		OD AT YOUR DY E. (Tank Burk he c.	free recovery of total volume of load oil o	and must be equal to or exceed top allow-			
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	The second secon		OFILA				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Sir			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
				JUN 3 19 66			
				CON. COM.			
	GAS WELL		1	Gravity of Condensate 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Someonistic			
				Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke 3125			
			<u> </u>				
T /T	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given complied with an experience of my knowledge and belief.		JUN	6 1966 19				
		APPROVED, IS					
		Original Signed by Emery C. Arnold					
	Commission have been complied with and that the information gave above is true and complete to the best of my knowledge and belief.		SUPERVISOR DIST. #3				
			TITLESUPERVISC	TITLESUPERVISOR DIST. #3			
10,1		This form is to be filed in compliance with RULE 1104.					
Jan Mulis (Signature)							
			If this is a request for allowable for a how, the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Dist. Prod. Su	int.	tere taken on the well in acco	Idauca mitti Morr			
DISC. Frod. voupe.			All sections of this form must be filled out completely for allow-				

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.