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i	FILE		1	V
;	U.S.G.S.			
1.	LAND OFFICE		<u> </u>	! !
	TRANSPORTER	OIL		
		GAS	<u> </u>	
	OPERATOR		2	
	PRORATION OFFICE		<u> </u>	

 	DISTRIBUTION 5 SANTA FE FILE U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	LAND OFFICE I RANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRAIN		
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Other (Please explain)	oleum Club Building
a	nd address of previous owner 1nt Der DESCRIPTION OF WELL AND L	cernational Oil & Gas Cover, Colorado		
	Lease Name MKL	Lease No. Well No. Pool Name	e, Including Formation th Blanco - P.C.	Kind of Lease State, Federal or FeeFederal
	Unit Letter B; 990		and 1650 Feet From 1	
III. [DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give dudress to which applica	
ļ	Name of Authorized Transporter of Cast El Paso Natural	Gas Co.	Box 990, Farmington.	New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	9-1-53
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded		Top Oll/Gas Pay	Tubing Depth
	Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe
	Petiolations	THE STATE AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be all able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to record top allow
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	/ NLO=
	Length of Test	Tubing Pressure	Casing Pressure	Gas-MC OIL CON. COM.
	Actual Prod. During Test	Oil-Bbie.	Water - Bbls.	Gas-MC OIL CON. 3
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	CERTIFICATE OF COMPLIAN		JUN	ATION COMMISSION
	I hereby certify that the rules and Commission have been complied above is true and complete to th	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	Original Signed	by Emery C. Arnold R DIST. #3

oh Soplie	
Dist. Pr. d. Supt.	
JUN _(Date) 1966	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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, 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.