l	NO. OF COPIES REC	.5		
	DISTRIBUTION			
,	SANTA FE			
	FILE			L
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL	1	
	THOMAS ON EN	GAS		
I.	OPERATOR	2		
	PRORATION OFFICE			

ĺ	NO. OF COPIES RECEIVED	-T		l
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
-	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
1-	FILE		AND	
. 1	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	GAS
	OIL	-		
	GAS GAS	1		
	OPERATOR Z			
I.	PRORATION OFFICE	<u> </u>		
	BENSON-MO	MTIN-GREER DRILLING O	CORP.	
-	Address			
		leum Center Building,	Farmington. New Me	xico
}	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas		n well name
Ĺ	Change in Cwnership X	Casinghead Gas Condens	sate	
	If change of ownership give name	Otomiomi Odi Common	ad Managam Statement and	
á	and address of previous owner	Standard Oil Company	or Texas, Houston,	Texas
II.	DESCRIPTION OF WELL AND	LEASE (Formerly Stan	dard of Texas No.	Intext
	Lease Name	Well No. Pool Nam	ne, Including Formation	Kind of Lease
	PUERTO CHIQUITO	ant 14 Pue	rto Chiquito	State, Federal or Fee Federal
	Location			
	Unit Letter H; 16	50 Feet From The north Line	e and 990 Feet From T	The east
	Line of Section 5 , Too	wnship 26N Range	1 E , NMPM, R1	o Arriba County
i.	Line of Section 5 , 100	who the state of t		O RITIDA
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	s	
	Name of Authorized Transporter of Cil		Address (Give address to which approx	
	Trans Western To		Farmington, New M. Address (Give address to which approximately approxim	exico
	Name of Authorized Transporter of Ca	-	Address (Give daaress to writer approx	rea copy of this form is to be sent)
		None Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.
	If well produces oil or liquids, give location of tanks.	H 5 5 26N 26N 1E	No	
i	TE 41 :dunting in normal od wi	th that from any other lease or pool,		
	COMPLETION DATA		give comminging order names.	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Date Compi. Reday to Prod.	Total Deptil	r.B.1.D.
	Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	T
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and much divales of exceed top allow-
	OIL WELL Date First New Oil Hun To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flou, pump, gas li	Wast FIVED
	Date First New On Run To Tunks	Edie of Test	1 Toddering Motion (1 1911) Finite, Barrier	/Krori - /
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 1966
				JUL 1 SOM
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GILCON. COM.
				DIST. 3
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravity of Condensate
	Actual Flod. Test-Mol/D	Length of Table		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
			APPROVED JUL 1	1966
	I hereby certify that the rules and	regulations of the Oil Conservation	/// / //OV4D	
	Commission have been complied above is true and complete to the	with and that the information given e best of my knowledge and belief.	BY Original Signed	by Emery C. Arnold
			SUPERVISO	OR DIST. #3
		1 1	1	"
	116 8	-N Marie	This form is to be filed in	compliance with RULE 1104.

VI.

alber & Rhvier
(Signature)

Vice-President

(Title)

June 30, 1966

(Date)

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 $r\varepsilon$ completed wells.

Fill out Sections I, II, III, and VI only 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.