		6		/		
	SANTA FE /	NEW MEXICO OIL	T FOR ALLOWABLE	Supersedes (11d C-104 and C-1 Etfective 1-1-65		
1	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NATUR	RAL GAS		
1.	Operator  Address					
	Reason(s) for filing (Check proper base)  New Well  Recompletion  Change in Ownership	Change in Transporter of:	Other (Please explain  Gas 50 half ng 10 r  tensate 6			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND Lease Name United A Location	62 slanco lie:	Sa Verile 4' State, F	Tederal or Fee Utato		
		1190 Feet From The North L	1170 Feet 6 ./83t , NMPM,			
111.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address to which P. U. BOX 1940,	approved copy of this form is to be sent)  3100mfield, NOW HON.  approved copy of this form is to be sent)		
	Gas Company of I		1508 Pacific Ave	., Dallas, Texas		
IV.	give location of tanks.  If this production is commingled w COMPLETION DATA	vith that from any other lease or pool	Yes	1962 : 11–5649		
	Designate Type of Complet	ion - (X) Gas Well	New Well Workover Deepe	en Piug Back   Same Resty, Diff, Resty,		
	Date Spudded 4-21-62 Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod. 6-28-62	Total Depth 7735	Р.в.т.р. 7686		
	6656 Gr.  Perforations	Hesa Verde	Top Oil, Gas Pay 4830	Tubing Depth 751.5 Depth Casing Shoe		
	4832 to 5434	4 74/2 - 7/.32		772강		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	15 1/5" 7 7/3"	10 3/4" 5 1/2" 1 1/4"	255 7728 7515	200 7140		
v.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of loa	d oil and must be equal to or exceed top allow-		
	OII. WELL able for this dep  Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, 4	jas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oti-Bbis.	Water-Bbis.	Gas MCF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size		

I hereby certify that the rules and regulations of the Oil Conserva

Superintendent

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

n APPROVED_	Sept.	, 19	
BY			
TITLE	SUPARVISOR E		

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief

(Title)

(Date)

Turned on line to Gas Company of New Mexico 8-11-78

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

If this is a request for silowable 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.

Rangesta Forms C-104 must be fited for each cool in multiply