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DIST. IBUTION			
SANTA FE		1	
FILE		1	_
U.S.G.S.			1
LAND OFFICE		1	: -
TRANSPORTER	OIL	!	
	GAS	1	<u> </u>
OPERATOR		1	1
PRORATION OFFICE		1	

DIST: IBUTION SANTA FE /		CONSERVATION COMMISSION ST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-55		
FILE /	ALITHODIZATION TO	AND UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO	TRANSFORT OIL AND HATORA	2 0/10	
I RANSPORTER OIL	_			
OPERATOR /				
PRORATION OFFICE				
Cperator Tetampetions 0	il & Gas Corporation	3		
Address 825 Petroleum C	lub Building			
Denver, Colorad	0 80202			
Reason(s) for filing (Check proper box	x) Change in Transporter of:	Other (Please explain)		
New Well XX		Dry Gas		
Change in Ownership	Casinghead Gas	Condensate		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No Bo	ool Name, Including Formation	Kind of Lease	
Lease Name Federal Miles D		Basin Dakota	State, Federal or Fee Federal	
Location				
Unit LetterC;7	10 Feet From The North		rom The West	
. .	ownship 26N Rang	e 7W , NMPM, Ri	o Arriba County	
Line of Section 5 , To	ownship ZON Hang	e /W , 1441-169		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURA	L GAS	pproved copy of this form is to be sent)	
Name of Authorized Transporter of C		Will advice at la	tor date.	
Not yet determi	NeO. asinghead Gas or Dry Gas ∑	Address (Give address to which a Fidelity Union Town	inproved copy of this form is to be sent)	
Southern Union	Gas Company	1506 Pacific Avenue	Dallas, Texas	
If well produces oil or liquids,	, 0	ge. is gus detually commerced.	when	
give location of tanks.		7W No		
If this production is commingled w	rith that from any other lease or	pool, give commingling order number:	- T	
Designate Type of Complet	ion - (X)	Well New Well Workcver Deepe	E Find Bdok Same Res V. Ditt. Hes	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-17-64	3-02-65	7385 TRXB	7344	
Pool	Name of Producing Formation.	Top Oil/Gas Pay	Tubing Depth	
Basin Dakota	Dakota	7180'	7126 Depth Casing Shoe	
Perforations 7067_701 7050~	54', 7226-32', 7183	_95†	7385 PKB	
1201-12., 1250-	TUBING, CASING	, AND CEMENTING RECORD	CARLOS CENTAL	
HOLE SIZE	CASING & TUBING SIZ		SACKS CEMENT	
124"	8-5/8" OD	339' PXB	180	
7-7/8"	4½" OD	7385' RKB	Pkr	
	2-3/8" OD			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test mu	st be after recovery of total volume of loa this depth or be for full 24 hours)	d oil and must be equal to or exceed top all	
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	gas lift, etc.)	
			CT/TA	
Length of Test	Tubing Pressure	Casing Pressure	Stilling /	
Actual Prod. During Test	Cil-Bbls.	Water-3bls.	MAR 181965	
Actual Prod. Dulling Test	J. 2		MAR18 COM.	
1			MAR181900M. OIL CON. 3 Gravey of Cordensate	
GAS WELL	Longth of Tort	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
1720 Testing Method (pitot, back pr.)	3 hours Tubing Pressure	None Casing Pressure	Choke Size	
1 pt. RP	132 psig	Pkr	3/4"	
CERTIFICATE OF COMPLIA			RVATION COMMISSION	
		APPROVED JUN 3 1	965 19	
I hereby certify that the rules an Commission have been complied	l with and that the information	given		
above is true and complete to	the best of my knowledge and b	belief. BY <u>Original Signe</u>	d Emery C. Arnold	
		TITLE Supervisor Dist. #	‡ 3,	

COPY - Original signed by Wm. F. Schwenn

(Signature)

Wm. F. Schwenn, District Engineer

March 17, 1965 (ate)

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 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.