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U.S.G.S.		· ·	:
LAND OFFICE			
FRANSPORTER	OIL	: , L	
	GAS		
OPERATOR		/	
PRORATION OFFICE			

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 REQUEST FOR ALLOWABLE Suffertive 1 2 5 5 5 6 7 104 and C -110				
FILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND				
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	L GAS			
LAND OFFICE						
TRANSPORTER GAS						
OPERATOR ,						
I. PRORATION OFFICE						
Operator Thternational	Oil & Gas Corporation					
Address						
825 Petroleum	Club Building, Denver,	Colorado 80202				
Reason(s) for filing (Check proper		Other (Please explain)	1 11 11			
New Well	Change in Transporter of:	- Love Muns	& well in Clarye			
Hecompletion		y Gas				
Change in Ownership	Casinghead Gas Co	indendate (C)				
If change of ownership give name	e					
and address of previous owner _						
II. DESCRIPTION OF WELL AN	ID LEASE		Trind of Logge			
Lease Name	Well No. Fool	Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal			
Miles	rederal 1-5	Basili bakota	State, Federal St. 12			
Location	710 Seed From The North	1750* Feet Fr	om The West			
Unit Letter;;	Feet From The					
Line of Section 5	Township 26N Range	7W , NMPM,	Rio Arriba County			
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	Address (Give address to which a)	pproved copy of this form is to be sent)			
Name of Authorized Transporter of McWood Corpora			Box 330, Abilene, Texas.			
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which a	pproved convolthis form is to be sent)			
Southern Unior	Gas Company	1507 Pacific Avenu	e, Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 5 26N 7		September 8, 1965			
		and give commingling order number:				
If this production is commingled IV. COMPLETION DATA	with that from any other lease or po		Diff Date			
Designate Type of Compl	etion (X)		Plug Back Same Restv. Diff. Restv.			
	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.			
Date Spudded 12-17-64	3-20-65	7385 * RKB	7344			
12-17-04 Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Basin Dakota	Dakota	7180'	7126'			
Perforations		•	Depth Casing Shoe			
7267-721, 7250	0-54', 7226-32', 7183-	951	7385 RXB			
		AND CEMENTING RECORD	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE 8-5/8" OD	3391 RKB	180			
12½" m 7-7/8"	4½" OD	7385¹ RKB	410			
/=//8"	42" OD	7505 IGG				
	2-3/8" OD	7126 RKB	Pkr			
V. TEST DATA AND REQUES	F FOR ALLOWARLE (Test must	be after recovery of total volume of load	doil and must be equal to or exceed top allow-			
OIL WELL	able for th	Producing Method (Flow, pump, g				
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, s	CII TO			
the Court	Tubing Pressure	Casing Pressure	Circle lize			
Length of Test	. adding the same		Q (1)2 1965			
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	Cas MCF			
			SEP ON.			
			Charlies 128 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
GAS WELL		0.000	Complete Condengate			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
1720	3 hours Tubing Pressure	None Casing Pressure	Choke Size			
Testing Method (pitot, back pr.)		Pkr	3/4"			
1 pt. BP	132 psig		RVATION COMMISSION			
VI. CERTIFICATE OF COMPL	IANUL					
I housely considerables the suice	and regulations of the Oil Conserva	tion APPROVED SEP 13	1965 , 19			
Commission have been compli	ied with and that the information g					
above is true and complete to	the best of my knowledge and be	iler. BYOriginal Sign	ned Emery C. Arnold			
		TITLE Supervisor Dist.	# 3.			

Wm. F. Schwenn, District Engineer

(Title)

September 8, 1965

(Date)

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