DISTRIBUTION  ANTA FE  ILE  3.G.S.  AND OFFICE  FRANSPORTER  OPERATOR  OPERATOR  OPERATOR  Operator  Operator	REQUES	. CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65  GAS
Reason(s) for filing (Check proper b	ington, N. M. 87401	Other (Please explain)	
ew Well  Recompletion Change in Ownership  If change of ownership give name	Change in Transporter of:  Oil Dry C  Casinghead Gas Cond		d' un version de la company de
and address of previous owner  II. DESCRIPTION OF WELL ANI Legse Name	) LEASE		
Apache Location	Well No. Pool Name, Including  3 Wild Horse	1	ral or Fee Ind.Con 98
Unit Letter D ; 990	06 • /	_ 1	The West
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	O Arriba County
Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)  Box 108, Farmington, N.M. 87401  Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipels  If well produces oil or liquids, give location of tanks.	Ine Corp   Unit   Sec.   Twp.   Rge.   D   19   26 √ 3 W	501 Airport Dr.,	Farmington, N.M.
If this production is commingled w  IV. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, ANI	CEMENTING RECORD	
11000 3120	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	perior be jor juit 24 hours	and must be equal to or exceed top allow-
	54.6 0. 105.	Producing Method (Flow, pump, gas li	(ft. etc.)
Length of Test	Tubing Pressure	Casing Pressure	14 29
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	2 4 1974
GAS WELL		1 3111	ON. COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Stvit3 of condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Operator (Title) January 21, 1974

(Date)

OIL CONSERVATION COMMISSION FEB 7 1974

APPROVED. Original Signed by Emery C. Arnold BY\_

SUPERVISOR DIST. #3 TITLE.

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. Cananata Forms Called must be filed for each and in multiple