۲	NO. OF COPIES RECEIVED   5								
H	DISTRIBUTION	NEW MEYICO OIL O	0115551/471011 001741661011	<b>5 5 15 1</b>					
H	SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 ' Supersedes Old C-104 and C-111					
⊦	FILE / L	REQUEST	AND	Effective 1-1-65					
-	U.S.G.S.	AUTUODIZATION TO TRA	=	LCAS					
- }		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
-	LAND OFFICE								
}	TRANSPORTER OIL		וחל	\%\c\%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
L	GAS /		100	15-11-15-15-17-1-1					
-	OPERATOR 3		101	4110 0 0 1072					
1.	PRORATION OFFICE			AUG 28 1972					
	Operator Finance Cd 7 Composition								
L	Lynco Oil Corporation OIL CONSERVATION COMM.								
	Address 1330 Leyden St, 131, Denver Colorado 80220 Santa Fe								
- 1	Reason(s) for filing (Check proper box)		Other (Please explain)						
- 1	New Well	Change in Transporter of:							
- 1	Recompletion	Oil Dry Ga	s 🔲						
	Change in Ownership	Casinghead Gas Conden	nsate						
	If change of ownership give name and address of previous owner								
11	DESCRIPTION OF WELL AND	LEASE							
11.	Lease Name	Well No. Pool Name, Including F	ormation Kind of L	ı					
	Ojito	1 Blanco Mesa Ve	State, Fe	deral or Fee Federal NM 4447					
	Location	+							
	Unit Letter M; 790 Feet From The Hest Line and 900 Feet From The South								
	Line of Section 16 Tov	mship 26N Range 2	w , NMPM, Rio	Arriba County					
	Line of Section 20	whamp bott trange							
III.	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)								
	El Paso Natural		El Paso Texas						
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When					
	If well produces oil or liquids, give location of tanks.	1	Yes	8-23-72					
	1	<del> </del>							
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: No.  COMPLETION DATA  Plug Back   Same Besty, Diff, Besty								
		Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completic	$\operatorname{on} - (X)$	X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	12-26-70	2-17-71	6025'	5980'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	7245'KB	Mesa Verde	5490'	5900'					
	Perforation 5490-97,5515-22,5539-44,5609-14,5631-45,5894-5904,5908-22,5974-78 Pepth Casing Shoe								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
		8-5/8"	150'	100					
	12-1/4"	4-1/2"	6022'	250					
	6-3/4"	4-1/2							
		<del>                                     </del>							
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)								
	OIL WELL	2018 707 11111 2	Producing Method (Flow, pump, 8	as lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test							
			Casing Pressure	Choke Size					
	Length of Test	Tubing Pressure	Costud Liesuma	AUG 9 0 1070					
			Water Bhia	Gas MCF 406 29 19/2					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	1 <b>1</b> 1					
		1		OIL CON. COM.					

GAS WELL

Actual Prod. Test-MCF/D

1320

Testing Method (pitot, back pr.)

back pr.

DIST. 3

Bbls. Condensate/MMCF

Gravity of Condensate

Cosing Pressure (Shut-in)

Choke Size

3/4

## 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.

MDOVE I	a tide and comb.		-
$\bigcirc$	ner Th.	Ray	
	Agent	(Sigfature)	
6		(Title)	
	2 27.77		
		(Date)	

OIL CONSERVATION COMMISSION

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.