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u.s.g.s.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE		<u>L</u> _	

Form C-104

SANTA FE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REQUEST I	FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Supersedes Old C-104 and C-110 Effective 1-1-65	
LAND OFFICE TRANSPORTER OIL 1 GAS 1	THE THE TAX TO THE	THE STATE OF STATE PARTY OF THE CONTROL OF	···-	
OPERATOR PRORATION OFFICE Operator				
Jerome P. Mc				
Reason(s) for filing (Check proper box	mington, NM 87401	Other (Please explain)		
New Well X	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Gar Casinghead Gas Conden	A I		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.	
Lease Name Colket	1 Basin I		-	
Location Unit Letter C : 990	Feet From The North Lin	e and 1850 Feet From	The West	
	wnship 25N Range	11W , NMPM,	San Juan County	
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)	
Plateau. Inc.		Box 108, Farmington, N	M 87401	
Name of Authorized Transporter of Ca El Paso Natural Gas (Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. C 15 25N 11W	Is gas actually connected? When		
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
2-17-74	3-23-74	6027 Top Oil/Gas Pay	5879' Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 6394 GR - 6405 RKB	Name of Producing Formation Dakota	5844*	5834* Depth Casing Shoe	
Perforations 5864-5870' and 5844-58			Depth Gushig bloc	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	230°	175 sx	
12-1/4" 7-7/8"	5-1/2"	6027 1	450 cu ft (1st stage)	
7-7/0			848 cu ft (2nd stage)	
. TEST DATA AND REQUEST F	2-7/8" FOR ALLOWABLE (Test must be a	5834* Ifter recovery of total volume of load oil	i and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas l		
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test		Water-Bbis.	Ggs-MCF	
Actual Prod. During Test	Oil-Bhie.	water-bbis.		
GAS WELL		1. 1. 1. COM.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate AMMQF 3	Gravity of Condensate	
7860 AOF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size	
One point back pressur	e 1975	1980		
. CERTIFICATE OF COMPLIAN	NCE	11	ATION COMMISSION	
O tables been complied	regulations of the Oil Conservation with and that the information given		197 5 , 19	
above is true and complete to the	ne best of my knowledge and belief.	TITLE		
		This form is to be filed in	compliance with RULE 1104.	
Im F >1	esch	If this is a request for allo	mable for a newly drilled or deepens anied by a tabulation of the deviation	
Agent (Siz	nature)	tests taken on the well in acc	cust be filled out completely for allow	
(7	Title)	able on new and recompleted w	vells. If it and WI for changes of owne	
12-31-75	Date)	well name or number, or transpo	rter, or other such change of condition	

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