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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE AND  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  OPERATOR  PRORATION OFFICE  Operator  Foster T Corp.  Address  P. O. Box 4100, Foster City, California 94404  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Transporter of:  Oil  Oil  Dry Gas  Condensate	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  GAS  OPERATOR  PROBATION OFFICE  Operator  Foster T Corp.  Address  P. O. Box 4100, Foster City, California 94404  Reason(s) for filing (Check proper box)  New We!l  Recompletion  Oil  Change in Transporter of:  Oil  Dry Gas  Other (Please explain)	
LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Foster T Corp.  Address  P. O. Box 4100, Foster City, California 94404  Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Dry Gas	
TRANSPORTER OIL GAS / GA	
OPERATOR OPERATOR PRORATION OFFICE Operator  Foster T Corp.  Address P. O. Box 4100, Foster City, California 94404  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas  Other (Please explain)	
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New Well Change in Transporter of:  Recompletion Oil Dry Gas	
The completion is a second sec	
If change of ownership give name  T. Jack Foster	
and address of previous owner 1. Jack roster	
. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
Foster 1 Blanco Pictured Cliffs State, Federal or Fe	State 067988
Location	
Unit Letter ; 990 Feet From The North Line and 990 Feet From The	West
Out Editor	
Line of Section 17 Township 26N Range 7W , NMPM, Rio	Arriba County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Or Condensate Authorized Transporter of Oil Or Condensate Address (Give address to which approved co	ny of this form is to be sent)
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved co	py by this joint is to be comp
Address (Give address to which approved co	my of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved co	p) 0, 1.1.10 joi.m 00 00 00 10 10,
El Paso Natural Gas Company El Paso, Tex	as
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	
give location of tanks.	
If this production is commingled with that from any other lease or pool, give commingling order number:	
A COMPLETION DATA	g Back   Same Resty. Diff. Resty
Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plus	g back   Dame Heb III
	J.T.D.
Date Spudded Date Compi. Ready to Fibu.	.1.0.
3-5-53 3-23-53 2300	oing Depth
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay	ing Depth
6191 2188 2265	2245 oth Casing Shoe
Perforations	oth Casing Snoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET  10-3/4  5½''  2180'	SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET	
HOLE SIZE CASING & TUBING SIZE DEPTH SET  10-3/4  5½''  2180'	
HOLE SIZE CASING & TUBING SIZE DEPTH SET  10-3/4 5½" 2180' 1" 2245	150
HOLE SIZE CASING & TUBING SIZE DEPTH SET  10-3/4 5½'' 2180'  1'' 2245	150
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HOLE SIZE CASING & TUBING SIZE DEPTH SET  10-3/4  5½" 2180 * 2245  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and making for this depth or be for full 24 hours)	150
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HOLE SIZE  10-3/4  5-2-11  10-3/4  1-11  2245  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Ch  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure(shut-in)  Casing Pressure(shut-in)  Casing Pressure(shut-in)  Casing Pressure(shut-in)  Casing Pressure(shut-in)  Ch  Thereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)  (Signature)  (Signature)  (Cittle)  Till out only Sections 1, II. III well name or number, or transporter, or t	ISO  Institute equal to or exceed top allowed to the equal to or exceed top allowed to the equal to or exceed top allowed to the equal
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