NO. OF COPIES REC	EIVED	i
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND	. Litacity 4 1-1-03		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (SAS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
	PRORATION OFFICE					
1.	Operator					
	BENSON-MONTT	N-GREER DRILLING COR	Ρ.			
	Address	11 41.5511 511.511				
	221 Petroleu	m Center Building, Fa	armington, New Mexic	o 87401		
	Reason(s) for filing (Check proper box		Other (Please explain)			
	• •		Office (1 sease explains)			
	New Well	Change in Transporter of: Oil X Dry Gar				
	Recompletion	<u> </u>				
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
	•					
II. DESCRIPTION OF WELL AND LEASE						
	Lease Name EAST PUERTO	Well No. Pool Name, Including Fo		1 ' 1		
	CHIQUITO MANCOS UNI	η 8 Puerto Chiqu	ito Mancos Elstate, Federa	lorFee Indian Jic. 237		
	Location 2					
	Unit Laver 660 . 8	Outhrest From The South Line	e and 660 Feet From	The east		
	Unit Letter ; 3		t det i foli			
	Line of Section 1.9 To	wnship 27N Range	1E , NMPM, Ric	Arriba County		
	Line of Section 1.9 To	wiship 2 14 Nuige	7, 1441 14, 212			
		TER OF OUT AND NATURAL CA	e			
u.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
			P.O. Box 1887, Bloc	I		
	CINIZA PIPE L		Address (Give address to which appro			
	Name of Authorized Transporter of Ca		Address (Give address to which appro	bea copy of sina form to to be sent,		
		None	a who was			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	give location of tanks.	N 20 27N 1E	No			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic	on - (X)		1 1		
	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		
	Lating and a second a second and a second an					
TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TODING SIZE				
						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL		Producing Method (Flow, pump, gas li	(1, 110.)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (r.tow, pump, gos			
				- Charles 5/20		
	Length of Test	Tubing Pressure	Casing Pressure	Chafe Size		
				1 10 -		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gad-NGE Com		
				L COM		
	<u> </u>			6/31.3		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			OU CONSERVA	ATION COMMISSION		
Ί.	CERTIFICATE OF COMPLIAN	CE	MAY			
			APPROVED			
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. Vice-President (Title) Vice-Presiden		Original Signed by FRANK T. CHAVEZ				
		BY				
		TITLE SUPERVISOR DISTRICT # 3				
		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.				
				May 3, 1982		
				(Date)		

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