DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST !	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	-MONTIN-GREER DRILLI		
158 Per Reason(s) for filing (Check proper box, 10m Well	Change in Transporter of:	Other (Please explain) Change n we	
	Off Erry Ga		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Twell No 1 Bool No	me, Including Formation	Kind of Lease
JICARILLA	'	Puerto Chiquito	State, Federal or Fee Indian
Location Unit Letter H ; 198	O Feet From The north Lir	e and660 Feet From T	he <u>east</u>
30	wnship 27N Hange		Arriba County
DESIGNATION OF TRANSPOR Name of Authorized Transporter of One Shell 0 1 0 Name of Authorized Transporter of Ca	ompany	Address (Give address to which approx Box 1588, Farmingt Address (Give address to which approx	on, New Mexico
Name of Authorized Transporter of Ca	ie .	Is gas actually connected? Whe	
If well produces oil or liquids, give location of tanks.	Unit Sec. 27N Rge. 27N 1E	No	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	The state of the s
Designate Type of Completi	on $-(X)$ Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			land and top allo
T. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be able for this c	after recovery of total volume of load oil lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Frod. During Test	Cil-Bbls.	Water-Bils.	Gas-MCF
			OH
GAS WELL Actual Frod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cor DIST. 3
	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	1 aping riessure		
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	d regulations of the Oil Conservatio I with and that the information give the best of my knowledge and belie		

(Signature)
Vice-President

July 12, 1965

(Date)

TITLE PETROLEUM ENGINEER DIST. NO. 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 Sections I, II, III, and VI only 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.