NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE		1	_
U.S.G.S.			
LAND OFFICE	OFFICE		
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Operator			

III.

IV.

	-			
NO. OF COPIES RECEIVED 6			•	
DISTRIBUTION	NEW MEXICO OIL CO	DISERVATION COMMISSION	Form C-104	
SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE / -	1	AND		
U.S.G.S.	_ AUTHORIZATION TO TRAI	SPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR 3				
PRORATION OFFICE				
Operator C = 11.5	0:1 Campania			
Address	ns Oil Company			
	D 700 D- 1 4- N			
Reason(s) for filing (Check proper bo	Box 780, Farmington, Ne	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	:		
Change in Ownership	Casinghead Gas Condens	sate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo	1	Lease No.	
Breech Location	352 South-Blanco-F	Pictured Cliffs State, Federal or	Fed. NM03733	
Unit Letter F;	1490 Feet From The North ine	e and 1570 Feet From The	West	
Line of Section 24 T	ownship 26N Range 7V	V , NMPM, R	io Arriba County	
	DOWN OF OUR AND NATURAL CAS	2		
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GAS	Address (Give address to which approved	copy of this form is to be sent)	
Name of Authorized Transporter of C	asingh a ad Gas or Dry Gas 🔀	Address (Give address to which approved	copy of this form is to be sent)	
Southern Union Gas	i	Fidelity Union Bldg. 150	8 Pacific, Dallas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.		No		
If this production is commingled w	with that from any other lease or pool, g	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet	x = x = x = x	X		
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.	
7-5-75	7-25-75 Name of Producing Formation	3680 Top Oil/Gas Pay	3680 Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)		100 011, 0 111		
6516 Gr.	Pictured Cliffs	2680	2673 Depth Casing Shoe	
•	722 2720	3680		
2680-2698 and 2	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	145	125	
6 3/4"	4 1/2"	3680	470	
	1 1/4"	3549		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af	ter recovery of total volume of load of an opth or be for full 24 hours)	must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, ppmp, 4 1/t.	4	
Date First New Oil Run 10 I daks	Date of 1885	, ALUI	.//FN\	
Length of Test	Tubing Pressure	Casing Pressure AUG 2	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
		0197	COM.	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1118	3 hrs			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Choke Size	
Back Pressure	915	906	3/4"	
CERTIFICATE OF COMPLIA	NCE		TION COMMISSION 1975	
I hereby certify that the rules an	d regulations of the Oil Conservation	vation APPROVED, .3		
Commission have been compliant	with and that the information given i	on given Original Signed by A. R. Kendrick		
above is true and complete to t	the best of my knowledge and belief.	1 UV		
	7	SUPERVISOR DIST. #3		
1/100		This form is to be filed in compliance with RULE 1104.		

VI.

Superintendent

8-20-75

(Title)

(Date)

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.

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.