NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR 3	REQUES	_ CONSERVATION COMMISSION ST FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
I. PRORATION OFFICE:	MOISSTAL OPERED DETT	T TNC COPP	
	MONTIN-GREER DRILL	lding, Farmington, No	ew Mexico
Reason(s) for filing (Check proper box) thew Well Henompletion Change in Cunership	Change in Transporter of:	Other (Please explain)	well number
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND I	Well No. Pool	Name, Including Formation Puerto Chiquito	Kind of Lease State, Federal or Fee Indian
Location	(H-50)	Line and 660 Feet Fro	om The east
Unit Letter <u>H</u> ; 1980	07N	מור סור	io Arriba County
Line of Section 20 , Tow	nship Z(N Range	IB , NMPM, N	TO MALE County
Name of Authorized Transporter of Oil Shell Oil Co Name of Authorized Transporter of Cas None	or Condensate	Box 1588, Farm	ngton, New Mexico proved copy of this form is to be sent)
	Unit Sec. Twp. Rge. N 2 0 2 7N	Is gas actually connected? No	When
If this production is commingled wit		ool, give commingling order number:	
COMPLETION DATA Designate Type of Completion - (X) Gas W		ll New Weil Workover Deepen	Flug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	'Total Depth	F.B.T.D.
Lool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must able for th	is depin or de joi juit 24 nours)	oil and must be equal to or exceed top allow
Trate Pirst New Fil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
Length of Test	Tubing Fressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MC
GAS WELL			OIL COM.
Actual Prod. Test-MC 7/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condeniest. 3
Testing Method (pitot, back pr.)	Tubing Fressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied values is true and complete to the	regulations of the Oil Conserva	JUL 14 APPROVENIGINAL Signer lief. BY A. R. KENDR	1965 d By RICK

V_ce-President

(Title)

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.