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SANTA FE	Τ, -		
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THANS! ON EX	GAS	7	
OPERATOP	4.		
PRORATION OF			

	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION TA FE REQUEST FOR ALLOWABLE					NC	Form C-104 Supersedes Old C-104 and C-110				
	FILE		2		AND					Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	LAND OFFICE		\vdash									
	TRANSPORTER OIL GAS											
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1	PRORATION OFFICE	_4	\vdash									
••	Operator				····							
	Malli that they we drag											
	ddress											
	The Constant Sept (2 2 Tel.							
	Reason(s) for filing (Check pro	ot er	· box)				Other (Please exp	lain)				
	New Well				ransporter of:	_	_ Davigs to conscribing allective Selecti					
	Recompletion			011		Dry Gas Salf's sot Cloud Unit No. 18						
	Change in Ownership			Casinghead (Gds Con	ndensate						
	If change of ownership give			175 mar & British	or we have a second section.	¥						
	and address of previous own	ne -		1.4.1 (c. 5.2.2.24 (c. c.))	Beilden Gi		and the second	<u> 1 </u>	المتأثث وجائد	St. LES		
II.	DESCRIPTION OF WELL	. A 1	ND I	FASE								
	Lease Name				ell No. Pool Name, Including Formation Kind of Le			d of Lease		Lease No.		
	set liet inti			137	The wind the com	e Chillin	Sta	te, Federal or F	ee			
	Location				at with	· · · · · · · · · · · · · · · · · · ·	660					
	Unit Letter ;	·	666	Peet From 7	The	Line and		eet From The _	west.			
	a 4			ed sv								
	Line of Section 26		Tow	mship 26N	Range	13W	, NMPM,	زند.	n . : 	Comity		
***	DECIGNATION OF TRAIN	,, c 5	000	TER OF OUR AS	NID NIATTIONAL	CAS						
111.	DESIGNATION OF TRAN				ND NATURAL	Address	(Give address to wh	ich approved co	ppy of this form is t	o be sent;		
	i de la Riadia de C	٠		TORONTO) PIPELIN	IF .	·					
	Name of Authorized Transport	er o	f Cas		or Dry Gas		(Give address to w	ich approved co	py of this form is t	o be sent,		
	III Pres datamal	:		J7	_		್ರಾಗ್ ಕಲ್ಪ ಸ ಹಿ ಸ್ ನ	promote and	29			
	If well produces oil or liquids			Unit Sec.	Twp. Rge.	Is gas a	ctually connected?	When	* * * * * * * * * * * * * * * * * * *			
	give location of tanks.	•	,	K 26	26N 13	M Te	18	1	-6-60			
	If this production is commin	g: e	d wit!	h that from any	other lease or po-	ol, give com	mingling order nu	nber:				
IV.	COMPLETION DATA											
	Designate Type of Co	מ זו	letio		Well Gas Well	l New Wel	ll Workover E	Deepen Plu	g Back Same Res	s'v. Diff. Res'v.		
				Date Compl. Rea	du de Deed	Total De		100	J.T.D.			
	Date Spudded		1	Date Compl. Red	dy to Prod.	Total De	eptn					
	Elevations (DF, RKB, RT, GR			Name of Producir	ng Formation	Top Oil	/Gas Pay	Tub	oing Depth			
	The series (DI , KRB, KI, OR	(, =;	C.)			100000	, , -,		-			
	Perforations			L				Der	oth Casing Shoe			
				TUI	TUBING, CASING, AND		CEMENTING RECORD					
	HOLE SIZE			CASING &	TUBING SIZE		DEPTH SET		SACKS CEN	MENT		
									·····			
				L				i				
V.		TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)										
	OIL WELL Date First New Oil Run To To	ar k s		Date of Test	2000 701 0100	-	ng Method (Flow, pu	mp, gas lift, etc	.)			
									DFI			
	Length of Test			Tubing Pressure		Casing	Pressure	Cho	oke Syle			
									Alia	~ <i>"【</i> A\		
	Actual Prod. During Test			Oil-Bbis.		Water - E	Bbls.	Ga	-MCF OG 3	10		
									10/2	¹⁹ 66		
	Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF Oil CON CON CON Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate									CO.		
	GAS WELL					T			101.	3 /		
	Actual Prod. Test-MCF/D			Length of Test		Bbls. C	ondensate/MMCF	Gre	wity of Condensate			
					7	G4	Pressure (Shut-in	1	oke Size			
	Testing Method (pitot, back p)r. /		Tubing Pressure	(gync-In)	Casing	biessnie (pudc_In	Chi	ore Size			
				1		- h	011 601	ISED (ATIO	N. COMMISSIO			
VI.	CERTIFICATE OF COM	PL.	LIANCE				OIL CO		N COMMISSIO	N		
						APPE	APPROVED AUG - 3 1966, 19					
	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.					en	To a Control of					
						ef. BY						
						TITL	TITLE SUPERVISOR DIST. #3					
						H ·		#11ad ! :	liance mist =	E 1104		
							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.					
	(Signature)											
					tests							
	(Title)					- Abla	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	-	9 3	<u> </u>	78°D		- !!	Fill out only Sections I. II. III. and VI for changes of owner,					
			(Da			well	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					
								-104 must be	filed for each p	ool in multiply		
					, compa	completed wells.						