NS. OF COPIES RECEIVED			7		
DISTRIBUTION					
SANTA FE					
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U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		3			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  3			FOR ALLOWA		Effective 1	Old C-104 and C-110
ı.	PRORATION OFFICE Operator						
	Address						
	Reason(s) for filing (Check proper box,	Change in Tra	unsporter of:	Other	(Please explain)		
	Recompletion Change in Ownership	Oil Casinghead G	Dry Ga		and in Tremsing	orter, effecti	ve 3-1-67
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   I ease No.						Lease No.
	Location	129	<u> </u>	1160	State, Federa	l or Fee <b>Fed</b> o	078091
	Unit Letter;;	Feet From T	Range	19.45	Peet From	The west	County
III.	Name of Authorized Transporter of Oil		D NATURAL GA	Address (Give	address to which appro	ved copy of this form	is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas	or Dry Gas	Address Give address to which approved copy of this form is to be see			
	If well produces oil or liquids, give location of tanks.	Unit Sec. <b>S/2 28</b>	Twp. Rge.	Is gas actually	connected? Wh	228 1-1-60	
IV.	If this production is commingled with COMPLETION DATA	h that from any of	ther lease or pool,	2. 4. A.			
	Designate Type of Completion	on – (X)	ell Gas Well	New Well W	orkover Deepen	Plug Back Same	Restv. Diff. Restv.
	Date Spudded	Date Compl. Read	y to Prod.	Total Depth	•	P.B.T.D.	·
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation	Top Oil/Gas P	αy	Tubing Depth	
	Perforations					Depth Casing Shoe	
	HOLE SIZE	T	ING, CASING, AND TUBING SIZE		RECORD	SACKS	EMENT
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABL	E (Test must be a able for this de	fter recovery of to topth or be for full	otal volume of load oil 24 hours)	and must be equal to	or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test		Producing Meth	od (Flow, pump, gas li	ft, etc.	
	Length of Test	Tubing Pressure	· · · · · · · · · · · · · · · · · · ·	Casing Pressu	-	Short	
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MOF	coth.
	GAS WELL					J. 018	3 6
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condens	ate/MMCF	Gravity of Condens	ate
	Testing Method (pitot, back pr.)	Tubing Pressure (	Shut-in)	Casing Pressu	e (Shut-in)	Choke Size	
VI.	VI. CERTIFICATE OF COMPLIANCE  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.				ATION COMMISS		
			1				
	above to time and complete to the best of my knowledge and belief.						
				This fo	rm is to be filed in	compliance with Ru	LE 1104.
	(Sign	sture)		well, this for tests taken	orm must be accomps on the well in acco	nied by a tabulatio rdance with RULE	n of the deviation
	(Title)			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.			

			4
HO. OF COPIES RECEIVED		i 3	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS		
OPERATOR		4	
PRORATION OFFICE		7	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1

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.

	U.S.G.S.	AUTHORIZATION TO TR	AND PANSPORT OU AND	MATURAL	CAC	
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL /	IR	TRANSPORTER CHANGED FROM SHELL			
	OPERATOR		TE COMPANY (II COLT)	Dire		
1	PRORATION OFFICE	-  <u>L</u>	PRPORATION EFFECTIVE	12/31/69		
	Operator				<u> </u>	
	Gulf Gil Corporation	3				
		New contract of contract				
	P. O. Box 570, Hobbs Reason(s) for filing (Check proper bo	x)	Other (Plea			
	New Well	Change in Transporter of:			ransp <b>orter</b> eff	peti tra
	Recompletion	Oil 🔯 Dry G	as 🔲 June	2, 1967	westphotoes 677	CRUTAR
	Change in Ownership	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner					
11	DESCRIPTION OF WELL AND					
	West Risti Unit	Well No. Pool Name, Including 1		Kind of Leas	e lorFee <b>∦Gder</b> al	Lease No.
	Location	129 Blati Louer	CELLIN	State, Federa	rottee 1906197	078091
	Unit Letter K ; 19	Feet From The South Li	ne and1980	Feet From 1	The West	
				reet rrom	ine Heat	
	Line of Section 28 To	wnship 261; Range 3	JN , NMP	м, San	Juan	County
HII.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	40			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address	to which approx	ved copy of this form is	to be sent)
	Shell Cil Company	_			ngton, New Merc	
	Name of Authorized Transporter of Ca		Address (Give address	to which approx	ed copy of this form is	to be sent)
	El Paso Natural Gas		P. O. Box 11	61, El Pa	so, Texas	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 35 2611 13W	Is gas actually connec	ted? Whe	_	
	If this production is named as	1 1 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	Yes	i	Unknown	
IV.	COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	er number:	<del> </del>	
	Designate Type of Completi	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Restv.
		<del></del>	1	<u> </u>	, , ,	
	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 Donth	
	,		rop on ous ray		Tubing Depth	
	Perforations				Depth Casing Shoe	
	101 5 0175		D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEN	IENT
	-		<del>                                     </del>			
					THE PROPERTY OF	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total vol	ume of load oil d	and muse be cause to a	to allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	producing Method (Flor		QULIV	Enter
			Producing Method (F18)	w, pump, gas iij	Page 1	64.7
	Length of Test	Tubing Pressure	Casing Pressure		Chose Size	
					OIL COM	- "/
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCI 255.	s <i>បី</i>
		1		····		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate	<del></del>
					-	İ
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE	CE	OII (	CONSERVA	TION COMMISSION	
			OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and r	Original Signed by Emery C. Times				
	Commission have been complied washove is true and complete to the					
	<del>.</del>					
	- 1800 D. 1800	TITLEBUFLE	WIDON DID	1, <sub>1</sub> , <sub>1</sub> , <sub>0</sub>	<del></del>	
(Signature)			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			
•	(Tit	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	June 21, 1967		Fill out only Sections I. II. III. and VI for changes of owner,			
	(Da	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply				
!			Dobarate Louis	ulust	to tack bo	