## 5 OCC 1 Bedford 1 File

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DISTRIBUTION				
SANTA FE		1		
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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	/		
OPERATOR		1		
PRORATION OFFICE				

4/10/69

(Date)

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-10						
	SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-116			
	FILE AND			Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	GAS				
	LAND OFFICE						
	TRANSPORTER OIL /	-					
	OPERATOR /	-					
	PRORATION OFFICE	<del>-  </del>					
1.	Operator						
	Bedford, Inc.						
	Address						
	Box 234, Farmington	n, New Mexico					
	Reason(s) for filing (Check proper bo	ox)	Other (Please explain)				
	New Well	Change in Transporter of:		ip from El Paso Products			
	Recompletion	Oil Dry Go	□ Lo Bedford, Inc.				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name	El Paso Products Co., Bo	x 1560, Farmington, N. M	1.			
	and address of previous owner						
**	DESCRIPTION OF WELL AND	LEAGE					
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation   Kind of Lease	e Lease No.			
	Nelson	1 Gallegos Gall		d or Fee Fed. SF081100			
	Location						
	Unit Letter A 990	O Feet From The North Lir	ne and Feet From	East			
	omt Zetter,	Teet Floin TheLif	reet rom	I ne			
	Line of Section 8	ownship 26N Range	12W , NMPM, San Ju	ian County			
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of O		Address (Give address to which approx	· · · · · · · · · · · · · · · · · · ·			
	The Permian Corp.	Permien (Eff. 9 / 1 /27)	Box 3119, Midland, Texas 79701				
	Name of Authorized Transporter of C		Address (Give address to which approx				
	El Paso Natural Gas		Box 990, Farmington,				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  A 8 26N 12W	Is gas actually connected? Whe				
i	give location of tanks.	A 8 2011 12W	Yes	10-6-58			
		ith that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Complet		The world workers and beepen	Same Nesv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
				1.5.1.5.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	,						
Perforations				Depth Casing Shoe			
		TUBING, CASING, ANI	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
ĺ							
			<u>i</u>	1			
	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
,	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas lij	TO THE			
	Date First New Oil Run 10 lanks	Date of lest	Producing Method (Flow, pump, gas ii)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				ADD 1 4500			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF 1 4 1969			
	<u>-</u>			OIL CON. COM			
'			<del></del>	DIST. 3			
	GAS WELL			0131. 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
l							
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION			
	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.  Original signed by T. A. Dugan		APPROVED APR, 14 1969 Original Signed by Emery C. Arnold BY SUPERVISOR DIST. #5				
			This form is to be filed in compliance with RULE 1104.				
			If this is a request for allow	If this is a request for allowable for a newly drilled or deepened			
-	(Sig	nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Ag <b>ent</b>		tests taken on the well in accordance with RULE 111.  Att sections of this form must be filled out completely for allow-				
	(7	itle)	shie on new and recompleted we				

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.

CS ( ) 8 83 minus

APP 1 3 1561 OIL CON COM DIST. 3

San Francis