NO. OF COMIES RECE	15			
DISTRIBUTION				
SANTA FE		[7]		
FILE		7		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
INAMSFORTER	GAS	/		
OPERATOR		[ ]		
PRORATION OF				
Commence				

	NO. OF COMIES RECEIVED			/		
İ	DISTRIBUTION	NEW MEXICO OU CO	NSERVATION COMMISSION	Form C -104		
	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL G.	AS		
	LAND OFFICE					
	IRANSPORTER OIL					
	GAS /	·				
	OPERATOR ?					
1.	PRORATION OFFICE					
	Operator	D	Disheliald Company			
		ny, Division of Atlantic	Richiteta Company			
	Address	- FOI Dames Colomodo	80205			
	Reason(s) for filing (Check proper box)	e 501, Denver, Colorado				
		Change in Transporter of:	1 21	fective 4/1/79		
	New Well	Oil Dry Gas	Assumed name for			
	Change in Ownership Casinghead Gas Condensate Atlantic Richfield Company.					
	Change in Ownership					
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND I	EASE				
44.	Lease Name	Well No.; Pool Name, Including Fo				
	Oxnard WN Fed.	3   Blanco Picture	d Cliffs S. State, Federal	<sub>cr Fee</sub> Fed. SF 078476		
	Location		3300	Mant		
	Unit Letter E 165	O Feet From The North Line	1190	West		
				Juan		
	Line of Section 15 Tow	nship 27N Range	8W , NMPM, San	County		
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
		<u> </u>				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔼	Address (Give address to which approved copy of this form is to be sent)  Box 990 Farmington NM 87401			
	El Paso Natural Gas Co					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	2-5-57		
	give location of tanks.	<u> </u>				
	If this production is commingled wit	h that from any other lease or pool, a	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Wormover Deepen	Plug Back   Same Resty, Diff. Resty,		
	Designate Type of Completion - (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spunded	bate dompir ready to read				
•	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Lievellons (DI, KRB, KI, OK, etc.)					
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPMHSET	SACKS CEMENT		
			<u>L</u>	L		
V.	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 allow-					
	OII, WELL.					
	Date First New Oil Run To Tanks	Date of Test	(, , , , , , , , , , , , , , , , , , ,			
	Length of Test Tubing Pressure		Casing Pressure	Choke Size		
	Length of Test					
	Actual Prod. During Test Oil-Bbis. Water-Bbis.		Water - Bbls.	Gas-MCF		
	Vertical Lines Partial Land					
	GAS WELL					
	Actual Prod. Test-MCF/D Length of Test Bbi		Bbls. Condensate/MNF	Gravity of Condensate		
	1					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu-in)	Choke Size		
VI	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION			TION COMMISSION		
			ABBROVED MAR 1 2 1979			
	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.		AFFRUVED			
			By Original Signed by A. R. Kendrick			
			TITLE SUPERVISOR DIST. 47			
This form is b be filed in compliance			ompliance with RULE 1104.			
	to the language for allowable for a newly drilled or deepen					
	(Signature)  Well, this form mut be accompanied by a tabulation of the deviation on the well in accordance with MULE 111.			ied by a tabulation of the deviation		
Accounting Supervisor  (Title)  All sections (this form must be filled out able on new and vcompleted wells.			at be filled out completely for allow-			
			lls.			
			Esti ou only Sections I II	Fill out only Sections I, II, III, and VI for changes of ower well name or numer, or transporter, or other such change of condition		
	(10.01.1.2.3.1.2.7.2.2.1.2.1.2.2.1.2.2.1.2.2.2.2.2.2	ile /	well name or number, or transport	er, or other such change of condition		
				<ul> <li>Separate Fous C-104 must be filed for each pool in multiply completed wells.</li> </ul>		
t:			espoteted wells.			