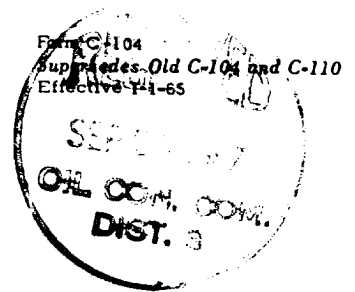


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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator  
Pubco Petroleum Corporation  
Address  
P. O. Box 869, Albuquerque, New Mexico 87103  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 16	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 029144
Location Unit Letter M ; 990 Feet From The West Line and 330 Feet From The South Line of Section 9 Township 27 North Range 8 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Incorporated	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, N. M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 9	Twp. 27N	Rge. 8W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6/12/67	Date Compl. Ready to Prod. 7/27/67		Total Depth 7565		P.B.T.D. 7430			
Elevations (DF, RKB, RT, GR, etc.) 6709 GR 6721 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7213		Tubing Depth 7140 w/Packer			
Perforations 7342-52, 7304-34, 7212-40					Depth Casing Shoe 7462			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13-3/8		354		200			
12-1/4	8-5/8		2795		375			
7-7/8	5-1/2		7462		260 cu.ft./600 cu.ft.			
	2-3/8		7140 on packer		S.C. @ 5590'			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2023	Length of Test 3 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1973	Casing Pressure (shut-in) Packer	Choke Size 3/4"

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.

Donald C. Walker (Signature)  
Petroleum Engineer (Title)  
September 21, 1967 (Date)

OIL CONSERVATION COMMISSION  
OCT 2 1967  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #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 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.