NA OF COPIES RECE	IVED	3	
DISTRIBUTIO	· .		
S A FE			
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J. 5. J. 5.			
LAND OFFICE			
TRANSPORTER	3.1	7	
CPERATOR		2	7

1.	DISTRIBUTIO.  -N A FE  -NA FE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS		
ā.,	Atlantic Richfield Company, Successor by Merger to Sinclair Cil Corporation					
	Address 501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80203					
	Reason(s) for tiling (Chiek proper box)					
	New Yell	Change in Transporter of: Oil Dry Gas	Dry Gas			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
II.	DESC. SION OF RELLAND I	LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Legse No.		
	Lease Name		Company Company	or Fee Federal NM-05791		
				77		
	Unit Letter 17th ; 1850	Feet From The North Line	e and 1450' Feet From 7	The West		
	Line of Section 3 Tow	mship 27 North Range 8	West , NMPM,	San Juan County		
:		The same and the s	α			
***	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Off	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)		
			Address (Give address to which approx	ped conv of this form is to be sent;		
	Name of Authorized Transporter of Cas El Paso Natural Gas C		Box 990, Farmington, 1	1		
	If well produces oil or signids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en		
	give location of tanks. none		<u> </u>	stimate 75 days		
	If this production is comming.ed wit COMPLETION DATA	h that from any other lease or pool,				
• • •	Designate Type of Completion	(X) Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Restv.   Diff. Restv.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Spudder - 5/1/39 Estary - 5/3/39	5/27/69	22001	2164'		
	Elevations (DF, KAB, KI, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay Fm. 2074' Perfs 2110	Tubing Depth		
	58311, G.L.	Pictured Cliffs	Latte stro	Depth Casing Shoe		
		26' & 2134-14' w/ 2 jet:	shots per foot. 2199'			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/	8-5/8"	186'	150 sx Cl. "A"		
	7-7/	4-1/2"	2199'	300 sx (Light & Cl."C")		
τ,	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
٧.	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				OFILE.		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				GGS-MOF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	JUN 1 0 1059		
		<u> </u>				
	GAS WELL		T	OIL CON. COM.  Gravity of Send-right ST. 3		
	Actual Prod. Test-MOF/D	Length of Test  26 hr	Bbls. Condensate/MMCF	Gravity of Condensate 1.		
	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Pitot	96 hr = 820#	96 hr - 825#	2" opn tbg.		
VI. CERTIFICATE OF COMPUTANCE OIL CONSERVATION						
			APPROVED JUN 1 0 1969			
I hereby certify that the rule; and regulations of the Oil Conservation Commission have been complied with and that the information given		By Original Signed by Emery C. Arnold				
above is true and complete to the best of my knowledge and belief.			SUPERVISOR DIST. #3			
			TITLE			
7.2/ E. Braun		This form is to be filed in compliance with RULE 1104.  If this is a request for allows le for a newly drilled or deepened				
	N. H. Brown (Signature) Chief Office Clerk (Title)		well, this form must be accompanied by a tabliation of the division 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.			
Jane 9, 1969 (Date)		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.				

well name or number, or transporter, or other such 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.