NO. OF COPIES RECEIVED			_	
DISTRIBUTION				
SANTA FE		1		
FILE		1	-	
U.S.G.\$,				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	,		
OPERATOR		1		
PRORATION OFFICE				

	Address	REQUEST AUTHORIZATION TO TRA il & Gas Corporation	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	Other (Please explain) NMOCC Memo 2-6	55	
н.	DESCRIPTION OF WELL AND I Lease Name Mudge A Location Unit Letter I 99 Line of Section 7, Tow	Well No. Pool Nar West West Do Feet From The East Lin	ne, Including Formation Kutz Pictured Cliffs 1650 Feet From T	South Tounty	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas Southern Union (TER OF OIL AND NATURAL GA or Condensate	S Address (Give address to which approve Address (Give address to which approve Fidelity Union Tower 1507 Pacific Avenue		
	If well produces oil or liquids, give location of tanks. If this production is commingled wit	Unit Sec. Twp. Rge.	Is gas actually connected? When	10-4-50	
IV.	Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8-20-50	9-6-50 Name of Producing Formation	1924 Top Oil/Gas Pay	1924 † Tubing Depth	
	West Kutz	Pictured Cliffs	1852	1891'	
	Perforations Depth Casing Shoe				
	Open hole 1817-1924 1817 1817 1817			1817,	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12½"	8-5/8"	921	53 87	
	7-7/8"	5½"	1817*	87	
		1"	1891'		
V.	TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	e, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	CASTOLIA ED	
	Gangin of Foot			1965	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL CON. COM.	
			OIL CO		
	GAS WELL			DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Sendenaste	
	5210 Testing Method (pitot, back pr.)	3 hr Tubing Pressure	Casing Pressure	Choke Size	
	В. Р.	no record	no record	<u>]</u> #	
VI.	CERTIFICATE OF COMPLIANO	CE		TION COMMISSION	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed Emery C. Arnold		
			Supervisor Dist. # 3		
COPY - Original signed by Wm. F. Schwenn (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 tests taken on the well in accordance with RULE 111.		
	Wm. F. Schwenn, District Engineer All sections of this form must be filled out completely for a			st be filled out completely for allow-	
	(†ii October 28, 196		able on new and recompleted we	lls. and VI only for changes of owner,	
(Date)			well name or number, or transporter, or other such change of condition.		