	NO. OF COPIES RECEIVED					
DISTRIBUTION		-	-			
SANTA FE		1				
FILE						
U.S.G.S.						
LAND OFFICE			-			
IRANSPORTER	OIL					
	GAS	1				
OPERATOR		,				
PRORATION OF						
Operator						
Interr	Internation					
Address						
825 Pe	etroleum Cl					
	Reason(s) for filing (Check proper bo					
Reason(s) for filing						

	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104	
	FILE	⊣ REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S.	411711001747101170 70	AND		
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS	
	TRANSPORTER OIL				
	GAS /				
	OPERATOR /				
I.	PRORATION OFFICE				
	Operator Thtonnational Of	1 Cas Componition			
	Address	il & Gas Corporation			
	825 Petroleum Club Building, Denver, Colorado 80202				
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	as NMOCC Memo 2-65	-)	
	Change in Cwnership	Casinghead Gas Conde	ensate		
	If change of ownership give name				
	and address of previous owner				
	DESCRIPTION OF HIELE AND	. F. 405			
11.	DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease	
	Hancock	·\	Kutz Pictured Cliffs	State, Federal or Fee Federal	
	Location	() West	Nacz riccarca Ciiris	rederal	
	Unit Letter K ; 165	O Feet From The South Lir	ne and 1650 Feet From 1	_{The} West	
	,,		ne did1 det riom i	1110	
	Line of Section 12 To	wnship 27N Range	12W , NMPM, San J	Juan County	
Ш.	DESIGNATION OF TRANSPOR				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas XX	Address (Give address to which approx	and conv of this form is to be cent)	
			Address (Give address to which approx Fidelity Union Tower	Building	
	Southern Union G	Unit Sec. Twp. Rge.	1507 Pacific Avenue	Dallas, Texas	
	If well produces oil or liquids, give location of tanks.			5-6-51	
	16 a) in a selection of the selection of	41. 45. 4 6		3-0-31	
IV.	COMPLETION DATA	th that from any other lease or pool,	give comminging order number:		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	XX		1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	4-29-51	5-26-51	1775 *	1775 *	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6045 Gr	Pictured Cliffs	1690'	1764 Depth Casing Shoe	
	Open hole 1695-	1770 f		1695	
	Open note 1895-		D CEMENTING RECORD	1 1055	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12¼"	8-5/8"	113'	50	
	7-7/8"	5½"	1695	95	
		1"	1764		
V.	FST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)				
	Oll. WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t. etc.)	
	Date First New Oil Run 10 Tunks	Date of 1981.	riodding Mothod (1 100), pump, gus 10,	, 0.0.,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Special 18	
				Ci'+11'EN	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gay-NGF ULIV LD	
				, ock	
	' <u> </u>			MOAT Tags	
	GAS WELL			Graviolic CON COM.	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravital Condensate 3	
	2630	3 hr		Disir	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	В. Р.	no record	no record	<u>] it</u>	
VI.	CERTIFICATE OF COMPLIANCE	CE		TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		NUV 1 1965 APPROVED, 19		
above is true and complete to the best of my knowledge and belief.		BY Original Signed Emery C. Arnold			
		Supervisor D	ist. # 3		
own & XD		\mathcal{O}	This form is to be filed in compliance with RULE 1104.		
	Wm. F. Schwenn, District Engineer		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.		
(Ti			All sections of this form must able on new and recompleted we	st be filled out completely for allow- lls.	
	October 28, 1965	•	Fill out only Sections I. II.	. III. and VI for changes of owner,	
	(Da		well name or number, or transporter, or other such change of condition.		

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.