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SANTA FE		1	[
FILE			V
U.S.G.S.		'.	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
DOOD ATION OFFICE			

4-19-76

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	FILE	;	AND		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE	4			
	TRANSPORTER GAS	-			
	OPERATOR	1			
	PRORATION OFFICE	-			
ı.	Operator	<u> </u>			
	Dietrich Explorati	on Company, Inc.			
	Address				
	602 Midland Savings Bldg. 444 Seventeenth St., Denver, Colorado				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	of I tiven	
	New Well Recompletion	Oil X Dry Ga	,s 🖂 / 🕴	(LOCIA CD.)	
	Change in Ownership	Casinghead Gas Conder		1076	
				APR 2 1 1976	
	If change of ownership give name and address of previous owner			L CON COM	
	•		/8	DIST 3	
II.	DESCRAPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea		
	Federal		State Feder	ral of Fee Federal NM-12021	
	Location	1 Undesignated	- Garrup		
	Unit Letter G; 1.88	Feet From The North Lin	se and 1980 Feet From	The East	
	Om Letter		-		
	Line of Section 27 To	wnship 27N Range	13W , NMPM, San	Juan County	
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)	
	Merit Oil Corporat			Bldg., Farmington, N.M.	
	Name of Authorized Transporter of Ca		Address (Give address to which approved copy of this form is to be sent)		
	none		-0-		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	hen	
	give location of tanks.	G 27 27N 13W	no		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
Ψ.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completic		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations			Depth Cashing Show	
		TURING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11000 3120				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	il and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
		75.			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water Bhia	Ggs-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	J	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			1		
.1.	CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		ATION COMMISSION	
	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. Jack D. Cook (Signature)		APPROVEDAPR 2 1 1976, 19		
			BY Original Signed by A. R. Kendrick		
			TITLE SUPERVISOR DIST 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.		
	Agent Look	· · · · · · · · · · · · · · · · · · ·	tests taken on the well in accordance with RULE 1711.		
	Tie (Ti	itle)	able 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.