NU. 07 CAF.20 REG	CIVED.	5	
DISTRIBUTI	ION		
SANTA FE		7	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	017		
	GAS	1 -	
OPERATOR		1:	
PRORATION OF	FICE		
Cperator			
Ki	ngwoo	d 0i]	Cor
Astiress			
10	0 Par	k Ave	nue
Reason(s) for tiling	(Check	proper	box)
New Well			
Recompletion			

NEW MEXICO OLL CONSERVATION COMMISSION REQUEST FOR ALLOWASTE

Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-65

F1145 / 1 6		CNA			
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL C	BAS		
LAND OFFICE	 .				
TRANSPORTER OIL					
GAS /	_ '				
OPERATOR /					
PRORATION OFFICE					
Kingwood Oil	Company				
Aziress	Company				
100 Park Aver	nue Building, Oklahoma City	y, Oklahoma 73102			
Reason(s) for filing (Check proper be	ox)	Cther (Please explain)	:		
New Well	Change in Transporter of:	∇	1		
Recompletion	Or: Dry Gas Casinghead Gas Condens	== ;			
Change in Ownership	Casinghead Gas Condens				
If change of ownership give name					
and address of previous owner					
I. DESCRIPTION OF WELL AN	D LEASE				
Lease Name	Well No. Pool Name, Including For	rmation Kind of Leas			
Knauff "B"	1 Basen Dakota	State, Feder	in or Fee Federal NM0764		
Location		1010			
Unit Letter C; 8	75 Feet From The N Line	e and Feet From	The West Line		
	20	10 , NMPM, San	Juan County		
Line of Section 31	Township 28 Range	10 , 1901-33,			
* PEGAGA: 4 ENGAN, OF CON 43/5/30	RTER OF OIL AND NATURAL GAS	S			
Name of Authorized Transporter of (or Condensate X	Address (Give address to which appro	oved copy of this form is to be sent)		
Plateau, Inc.					
Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent;		
Southern Union Gat	hering Co.				
If we'll produces oil or liquids,	Unit Sec. Twp. Rge.	is gas detailly commented	ner.		
give location of tanks.	C 31 28 10	Yes	June, 1959		
If this production is commingled	with that from any other lease or pool, a	give commingling order number:	No		
V. COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Comple	etion = (X)				
Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		:			
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top O:1/Gas Pay	Tubing Depth		
		:	Depth Casing Shoe		
Perforations					
	THE DIC CASING AND	CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TODING				
		<u></u>			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o	il and must be equal to or exceed top allow-		
OIL WELL	2016 707 1118 25	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Oil Run To Tanks	Date of Test	Producting Montes (1 100) Pany, 5			
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	. using Flouran	-			
Actual Prod. During Test	Oil-Bols.	Water-Bbls.	Gas-MCF		
Actual Ploat Build 1991					
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdaing Pressure (Since 21)			
		OH CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
		APPROVED AUG 28 19			
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.		Original Signed b	Original Signed by Emery C. Arnold		
		TITLE SUPERVISOR DI	D1. 計 ⁰		
	į.		in compliance with RULE 1104.		
110	Ma No		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly deflied or deepened		
110 Tary		well, form must be accompanied by a tabulation of the deviation total taken on the well in accordance with RULE 111.			
Cont	troller	All sections of this form must be filled out completely for allow			
	(Title)	able on new and recompleted	Wells.		
8-25-70		Fill out only Sections I, II, III, and VI for changes of owner			

(Date)

well name or number, or transporter, or other such change of con Separate Forms C-104 must be a separate. Separate Forms C-104 must be filed for each pool in multiply completed wells.