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DISTRIBUTION			
SANTA FE			
FILE			-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSFORTER	GAS	17	
OPERATOR			
PRORATION OFFICE			

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

FILE		1 -	KEGOEST	AND	Effective 1-1-65	
U.S.G.S.			AUTHORIZATION TO TRA	AND	AL CAE	
LAND OFFICE		 -	. AUTHORIZATION TO TRA	MOPORT OIL AND NATUR	CAL GAS	
	OIL					
TRANSPORTER	GAS /	/ 	·			
OPERATOR	1 3 /		·			
PROPATION OF		2				
Operator			L	·····		
	4	Tenn e	co Oil Company			
Address		Leme	co off dompany	· · · · · · · · · · · · · · · · · · ·		
Suite	200 14	ncoln	Tower Bldg. Denver.	Colorado 80203		
Reason(s) for filing				Other (Please explain	<u>,</u>	
New Well		,,	Change in Transporter of:		m Southern Union Gas Company	
Recompletion	Ħ		Oil Dry Ga	reva i	. 1	
Change in Ownershi	,T		Casinghead Gas Conden	7	- 9/1/70	
G				sate Effective	e 8/1/70	
If change of owners						
and address of pre-	vious owne	er				
II. DESCRIPTION O	VE WELL	AND	FACE			
Lease Name	IF WELL	AND	Well No. Pool Name, Including Fo	ormation Kind of	Lease Lease No.	
DM/	FR		GXFULCHER K		Federal or Fee	
Location	270		1 DA DECINER A	0/2/		
	1	06	nut/	Q MA	e t	
Unit Letter	 ;.	77	O Feet From The With Line	e and 7 10 Feet	From The <u>last</u>	
	11	/_	18	10	577 /1174 201	
Line of Section	αc	2 Tow	mship A Range	/ O , NMPM,	Jen Valn County	
<u>.</u>				•	•	
II. DESIGNATION C			CER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)	
Maine of Additionized	113naporte				opposed day, o, and , and as de deal,	
Name of Authorized	Tanana	of Can	inghead Gas or Dry Gas XX	Address (Give address to which	approved copy of this form is to be sent)	
1			-			
Southern	Union (Gathe	ring Company		r Bldg Dallas, Texas	
If well produces oil			Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tan	ks.		<u>i </u>	1		
If this production i	s comming	led wit	h that from any other lease or pool,	give commingling order numbe	r:	
V. COMPLETION D	ATA			racional formation		
Designate Ty	ne of Con	nnletio		New Well Workover Deep	pen Plug Back Same Res'v. Diff. Res'v.	
Designate 19	pe or don	proces				
Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RK	B, RT, GR,	etc.j	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
			<u> </u>			
Perforations				•	Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING RECORD		
HOLE	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				<u> </u>		
V. TEST DATA AN	D REQUE	EST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of lo	and oil and must be something an exceed top allow-	
OIL WELL			able for this de	pth or be for full 24 hours)		
Date First New Oil	Run To Tar	nk s	Date of Test	Producing Method (Flow, pump,	gas tift, etc.)	
į			4	-		
Length of Test			Tubing Pressure	Casing Pressure	Choke SIAUG 31 1970	
Actual Prod. During	Test		Oil-Bbls.	Water-Bbis.	OIL CON. COM.	
					DIST. 3	
' <u></u>						
GAS WELL						
Actual Prod. Test-	MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pit	tot, back pr.	.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	•					
I OFFICIANT	OF CO:	Y 7 4 2 ' '	TE	OII CONS	ERVATION COMMISSION	
I. CERTIFICATE (or COMP	LIAN	J E €	11		
		APPROVED, 19				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By Original Signed by A. R. Kendrick				
above is true and complete to the best of my knowledge and belief.						
		TITLE PETROLEUM ENGINEER DIST. NO. 9				
\sim 1/		ii .				
			$\gamma_{-}\nu$	This form is to be filed in compliance with RULE 1104.		
/	D (1	(. 5	Tous	season to a sequent for allowable for a newly drilled or deepened		
	7	(Signa	G. A. Ford	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Sr. Pr	roduction		•	tests taken on the well in	orm must be filled out completely for allow-	
		(Ti		All sections of this for able on new and recomple	orm must be inted out completely for allow-	
	2/20/		•	Fill out only Section	e 7 H HI and VI for changes of owner,	
8/28/70 · · · · · · · · · · · · · · · · · · ·			te)	well name or number, or tre	ansporter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.