DISTRIBUTION			6		
			Í		
SANTA FE		$\Box$			
FILE		1	-		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS	/			
OPERATOR		3			
200017101 055165		ŀ	l		

l	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST 8	FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE /	-	AND	Effective 1-1-65
ľ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	SAS
ŀ	LAND OFFICE	AUTHORIZATION TO TRA	NO ON TOLE AND HATOMAE O	
ł	OIL			•
ì	TRANSPORTER		•	•
- I	GAS /			
- 1	OPERATOR 3		• •	
I.	PRORATION OFFICE			
	Operator			
	Tenned	co Oil Company		
	Address			
	Suite 1200 Lincoln		Colorado 80203	
	Reason(s) for filing (Check proper box)		Other (Please explain)	which Index Con Company
	New Well	Change in Transporter of:	From 50	uthern Union Gas Company
	Recompletion	OII Dry Gas	. 🔯	•
	Change in Ownership	Casinghead Gas Conden	sate Effective 8/	1/70
Į				
	If change of ownership give name			
	and address of previous owner			
B.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.
	Lease Name			1 -
	OMLER A	7 BASIN D	4 KO 1 A	
	Location	0 —	• •	11/2 +
i	Unit Letter : 155	O Feet From The South Line	e and	The West
	Unit Editor		, -	
	Line of Section 36 Tow	mship 27 Range	10 , NMPM, 22	n Juan County
	•			
TTİ	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
			·	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	Address (Give address to which appro	ved copy of this form is to be sent)
			Fidelity Union Tower BI	de - Dallas Toyas
	Southern Union Gathe			en
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is day detachly commented.	
	give location of tanks.		<u> </u>	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			The British British British
			New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio	on — (A)		
	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
	Perforations	<u></u>		Depth Casing Shoe
	F 0.101-0.101			
•		TURING CASING AND	D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	1	
•			<u> </u>	
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi	l and must be equal to or exceed top allow-
₹.	OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run Ta Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
			1	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			·	1/2 /
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Oil-Bbls.	Water-Bbis.	GG -MCF 1970
	Actual Prod. During 1991	1		
	Actual Prod. During Teet		1	4060
	Actual Prod. During 1001		<u></u>	AUG 31 1970
•			<u> </u>	ON. COM.
٠	GAS WELL	It ength of Test	Bbls. Condensate/MMCF	ON. COM.
٠		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensadia
٠	GAS WELL Actual Prod. Test-MCF/D			ON. COM.
٠	GAS WELL	Length of Test  Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF  Casing Pressure (Shut-in)	Gravity of Condenadte
٠	GAS WELL Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Gravity of Condenèdie  Choke Size
VI	GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSERV	Gravity of Condenadte  Choke Size
VI	GAS WELL Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSERV	Gravity of Condenadte  Choke Size
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation	Casing Pressure (Shut-in)  OIL CONSERV  APPROVED AUG 3 1 19	Choke Size  CATION COMMISSION  70
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	Casing Pressure (Shut-in)  OIL CONSERV  APPROVED AUG 31 19	Choke Size  CATION COMMISSION  70
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in) CE	OIL CONSERV  APPROVED AUG 3 1 19  By Original Signed b	Choke Size  CATION COMMISSION  TO  TO  TO  TO  TO  TO  TO  TO  TO
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	OIL CONSERV  APPROVED AUG 3 1 19  By Original Signed b	Choke Size  CATION COMMISSION  TO  TO  TO  TO  TO  TO  TO  TO  TO
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	OIL CONSERV  APPROVED AUG 3 1 19  BY Original Signed b  TITLE SUPERVISOR DIST	Choke Size  CATION COMMISSION  TO  Y Emery C. Arnold  T. #.5
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	OIL CONSERV  APPROVED AUG 3 1 19  By Original Signed b  TITLE SUPERVISOR DIS'  This form is to be filed in	Choke Size  CATION COMMISSION  TO  Y Emery C. Arnold  To #5
VI	GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	OIL CONSERV  APPROVED AUG 3 1 19  By Original Signed b  TITLE SUPERVISOR DIST	Choke Size  CATION COMMISSION  TO  Y Emery C. Arnold  T. #.5

Sr. Production Clerk (Tule)

8/28/70

(Date)

All sections of this form must be filled out completely for allowable 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.