NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		/	
FILE			
U.S.G.S.		Ľ	
LAND OFFICE			
IRANSPORTER	OIL	<u> </u>	
	GAS	1	
OPERATOR		2	
BROBATION OFFICE		1	

	DISTRIBUTION	1	ONSERVATION COMMI	SSION	Form C-104	C 104 3 C 110		
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 as Effective 1-1-65						
	FILE /]	AND					
u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE							
	TRANSPORTER GAS /	_						
	OPERATOR 2	7						
1.	PRORATION OFFICE							
	Chanarral Oil & Gas C							
	Box B. Aztec. New Mexico eason(s) for filing (Check proper box) Other (Please explain)							
1	Recompletion Change in Ownership	Casinghead Gas Conden	7					
	Change in Ownership							
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Lease Name			State, Federal or F	'ee ∓≏d	04701 7 B		
	Marie Location] Fulcher-Kutz F			ı cu	OZITOXID		
	1	0 5	e and <u>1850</u>	Feet From The	FC.			
	Unit Letter J : 145	O Feet From The S Line	e unu <u>LODV.</u>					
	Line of Section 13 To	wnship 28N Range 11	W , NMPM	San Juan		County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	o which annual -	ony of this for- is t	he senti		
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address	o waica approvea c	opy of this form is t	Joe Jem)		
			Address (Give address	o which approved co	ony of this form is t	o be sent)		
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas 🛣		o witten approved o	op, 0, 0.00	,		
	Southern Union Gas Co	Unit Sec. Twp. Rge.	Dallas, Texas Is gas actually connect	ed? When				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas assum, seemes a					
		give location of tanks.						
		ith that from any other lease or pool,	give commingling order	number:	······································			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plu	ig Back Same Res	v. Diff. Restv.		
	Designate Type of Completi	on – (X)	X Total Depth		į			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.1	B.T.D.			
	2-13-70	2_28_70	1990					
	Elevations (DF, RKB, RT, GR, etc.)	2=28=70 Name of Producing Formation	Top Oli/Gas Pay		bing Depth	ļ		
	5852 KB	Pictured Cliffs	1874	1	875			
	Perforations				pth Casing Shoe			
	1871:-81: 1910-1906	1916-20 1921,-31,			990			
		TUBING, CASING, AND			SACKS CEN	SNT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	E!	88	EIVI		
	$12\frac{1}{4}$	7-5/8 444	112		265			
	16 74	4.5	1990					
••	THE DATE AND REQUEST !	FOR ALLOWARIE (Test must be a	ifter recovery of total volu	me of load oil and r	must be equal to or	exceed top allow-		
V.	TEST DATA AND REQUEST I	able for this de	epth or be for full 24 hour	5)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	v, pump, gas lift, et	c.)			
		Tubing Pressure	Casing Pressure	CH	oke Size			
	Length of Test	I uping Presaure			FOLIVE			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Go	18 -MOE	/F/\\		
	Actual Prod. During 1 ast				(ILLUCI	LLD \		
	MAR 3 1970					1970:		
	CAS WELL					<u>_</u>		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gr	AIRST CONT	COM.		
	2006	3 hr. Tubing Pressure(shut-in)	0	1	DIST.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	· I				
	Back Pr	295	295		3/4			
VI. CERTIFICATE OF COMPLIANCE								
						R ₁ 3 1970		
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 beat of my knowledge and belief.			APPROVED, I					
			By Original Signed by Emery C. 12					
	TITLESUPERVISOR			R DIST. #3				
This form is to be filed in compliance with RULE If this is a request for allowable for a newly drilled If this is a request for allowable for a newly drilled					pliance with RUL	E 1104.		
					led or deepened of the deviation			
	well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.					1.		
	President		All sections of this form must be filled out completely for allow-					

(Title)

(Date)

3/4/70

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.

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