	NO OF COPIES RECEIVED]					
	DISTRIBUTION		1		NEW MEXICO OIL CONSERVATION COMMISSION				
	SANTA FE	1]	REQUEST FO	OR ALLOWABLE	MISSION		
	FILE	1	س	}_		AND			
	U.S.G.S.				AUTHORIZATION TO TRANS		NATURAL CAS		
	LAND OFFICE					OF OR FORE AND	NATURAL GAS		
	TRANSPORTER OIL GAS	14							
	CPERATOR	3							
ı	PRORATION OFFICE								
١.	C; erator	<u> </u>							
				-:-	C) many				
	Address								
	P. O. Drawer 570, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box)				Other (Please explain)				
	New Well Change in Transporter of.								
	Recompletion				CII Dry Gas				
	Change in Ownership				Casinghead Gas Condensat	e			
	If change give and address of previous of DESCRIPTION OF WEL				c Oil & Gas Company, P.		570, Farmingto		
	Lease Name				Well No. Pool Name, Including Forms	ation	Kind of Lease		
	Cain				#20 Aztec Picture	ed Cliffs	State, Federal or Federal		
	Location								
	Unit Letter M	. ; <u>1</u>	150)	Feet From The South Line ar	nd <u>1170</u>	Feet From The		
	Line of Section 15		To-	nship	28 North Range 10 V	West , mmp	м,		
ΙΙ.	DESIGNATION OF TRA	NSP(DRT	ER	OF OIL AND NATURAL GAS or Condensate A				
	Plaleau	f10° 31	230		an Gro ☐ or Dry Gos ☐	dåress (Give address	to which approved cop		
	Southern Union (on Tower, Dall		
							ted? When		

Effective 1-1-65 n, New Mexico _+25 F | 3 Federal West San Juan by of this form is to be sent; y of this form is to be sent; as, Texas 75201 If well produces all or liquids give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Designate Type of Completion = (X) Gas Well New Well Workeyer Deepen Plug Back | Same Resty. Diff. Resty. Date Compl. Ready to Prod. Total Depth Elevations (DF, RAB, RT, GR, esc. Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top silous oil. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Cosing Pressure Actual Pros. During Test Water - Bbls. Gua-MCF C.1- Bb.s.

OIL WELL

GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shub-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION

APPROVED_

TITLE .

BY_Crigodan

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

above is true and complete to the best of my knowledge and believe	
	Total Linear Control of the Control
(Signature)	-
District	
(Title)	
	ĺ

This form is to be filed in compliance with RULE 1104,

JAN 1 2 1978

If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Form C-104

Supersedes Old C-104 and C-115

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.