<u> 5 000 1</u>	Prudo	enti	al_	1	File
NO. OF COPIES RECEIVED			5		
DISTRIBUTION					
SANTA FE					
FILE			L	_	
U.\$.G.\$.					AUT
LAND OFFICE					
TRANSPORTER	OIL	/			
TRANSFORT ER	GAS	1			
OPERATOR					
PRORATION OFFICE					
Operator					
Prudential Hinerals Corp.					

	DISTRIBUTION		NE		CONSERVATION COMMISSIO	N	Form C-104			
	SANTA FE	 		REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	1	AUT.:0017	4 TION TO TO 4	AND	IDAL CAS				
	U.S.G.S.		AUTHORIZ	ATION TO TRA	INSPORT OIL AND NATU	JKAL GAS				
	OIL	7								
	TRANSPORTER GAS	/								
	OPERATOR	/								
I.	PRORATION OFFICE									
	Operator Description + 3 a l 113		Caso							
	Prudential Hi	nerais	corp.							
	Box 234, Farm	inaton	N1 +#							
	Reason(s) for filing (Check p				Other (Please explo	in)				
	New Well		Change in Tran	sporter of:						
	Recompletion		0:1	Dry Go	ıs 🔲					
	Change in Ownership		Casinghead Ga	s Conder	nsate					
	If change of ownership give	e name								
	and address of previous ow			.,						
н.	DESCRIPTION OF WEL	L AND	Well No. Pool	Name, Including F	ormation Kind	of Lease	Lease No.			
	Rock Island		1 B	asin Dakota	State	e, Federal or Fe	• 1M 03999			
	Location						1			
	Unit Letter	. 11	60 Feet From The	•north_ir	ne and 910 Fe	et From The	west			
	22		2911		OU	San Juar	_			
	Line of Section	Tov	vnship 251	Range	, NMPM,	Jan Juai	County			
				NATION OF	16					
III.	DESIGNATION OF TRA	NSPORT	or Conden	D NATUKAL GA	Address (Give address to whi	ich approved cop	by of this form is to be sent)			
	Plateau, Inc.				1	Bex 108, Farmington, N. M.				
	Name of Authorized Transpo	rter of Cas	singhead Gas 🔲 🕠	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
	El Paso Hatur				Box 990, Farmington, M. M.					
	If well produces oil or liquid	15.	1	Twp. Ege.	Is gas actually connected?	When				
	give location of tanks.		D 22	1 29N 1 9W						
	If this production is commi	ngled wit	th that from any oth	ner lease or pool,	give commingling order num	ber:				
IV.	COMPLETION DATA		Oil We				Back Same Res'v. Diff. Res'v.			
	Designate Type of C	ompletic	on = (X)	Gas		1				
	Date Spudded	-	Date Compl. Ready	to Prod.	Total Depth	Р.В.	T.D.			
	Elevations (DF, RKB, RT, G	R, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubl	ng Depth			
					<u> </u>) Control Char			
	Perforations					Dept	h Casing Shoe			
				NO CASING AN	D CEMENTING RECORD					
		_ 		UBING SIZE	DEPTH SET		SACKS CEMENT			
	HOLE SIZE		CASING Q 1	001110 0122						
V.		UEST F	OR ALLOWABLE	Test must be a	after recovery of total volume of epth or be for full 24 hours)	load oil and mu	ist be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To	Tanks	Date of Test	ubte joi titta ui	Producing Method (Flow, pun	np, gas lift, etc.				
	Date i test Mew Ott Man 10	. GIIA	20.0 0003				/ KLULIVED \			
	Length of Test		Tubing Pressure		Casing Pressure	Cho	k Size			
				•			MAR 1 7 1970			
	Actual Prod. During Test		Oil-Bbls.		Water - Bble.	Gas	-MCF			
							OIL CON, COM.			
			•				DIST. 3			
	GAS WELL		Ti		Bbls. Condensate/MMCF	Gran	rity of Condensate			
	Actual Prod, Test-MCF/D		Length of Test		BDIS: COINGENEGIO MINICI					
	Testing Method (pitot, back	pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cho	ke Size			
	Learning Interior (proof out									
w	CERTIFICATE OF COL	MPI IAN	CE		OIL CON	SERVATIO	N COMMISSION			
V 1	VI. CERTIFICATE OF COMPLIANCE		APPROVED MAR 1 7 1970 , 19							
	hereby certify that the rules and regulations of the Oil Conservation									
Commission have been complied with and that the in above is true and complete to the best of my knowle			ininemation diven	By Original Signary Amery C. Arnold						
	Original signed by			TITLE SUPERVISOR DIST. #8						
				11						
				This form is to be filed in compliance with RULE 1104.						
Jim L. Jacobs			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation							
	Agant	(Sign	ature)		tests taken on the well in accordance with RULE 111.					
Agent					All sections of this form must be filled out completely for allowable on new and recompleted wells.					
3/16/70 (Title)					The same only Sections I II III and VI for changes of owner,					
		(D	ate)		well name or number, or transporter, or other such change of contact					
		•			Separate Forms C- completed wells.	104 must be	filed for each pool in multiply			
					Il combining marra-					

1-File

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NO. OF COPIES RECEIVED			5
DISTRIBUTION			
SANTA FE	1		
FILE	1	V	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	,	
OPERATOR	1		
PROBATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUI	EST FOR ALLOWABLE		Supersedes Old Effective 1-1-65	C-104 and C-110		
	U.S.G.S.	AUTUODIZATION TO	AND					
	LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND	NATURAL GA	5			
	TRANSPORTER OIL / GAS ,	1						
	OPERATOR /	j						
I.	PRORATION OFFICE	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
	Del Mar Petroleum Compa	any						
	Address							
	P. O. Box 234, Farming (Reason(s) for filing (Check proper box)		Other (Please	e explain)				
	New Well	Change in Transporter of:		•	company from P	rudential		
	Recompletion	Oil D			on to Del Mar			
	Change in Ownership	Casinghead Gas			June 1, 1972			
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Includ	ing Formation	Kind of Lease		Lease No.		
	Rock Island	1 Basin Da		State, Federal c	Federal	NM 03999		
	Unit Letter / D ; 116	50 Feet From The North	Line and 910	Feet From The	e West			
	Line of Section 22 Tov	wnship 29N Range	9W , NMPN	1,	San Juan	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL or Condensate	L GAS Address (Give address	to which approved	d copy of this form is to	o be sent)		
	Plateau, Inc. Name of Authorized Transporter of Cas			, Farming to	ton, New Mexico 87401 red copy of this form is to be sent)			
	El Paso Natural Gas Con	npany	P. O. Box 990	. Farmingto	on. New Mexico			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg. D 22 29N	9W	ed; when				
	If this production is commingled wit	th that from any other lease or p			Plug Back Same Res	'v. TDiff. Res'v.		
	Designate Type of Completic			1	1	1		
	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				Depth Casing Shoe			
		TUBING, CASING	, AND CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE)	SACKS CEM	IENT		
					·	-		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test mus	t be after recovery of total vol	ume of load oil an	d must be equal to or e	exceed top allow-		
• •	OIL WELL	ante jor t	his depth or be for full 24 hour Producing Method (Flo		etc.)	<u></u>		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fito	w, pamp, gas seje,	777	Park		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	VED/		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gar-MCFJUN 2 6	1972		
					THE CON.			
	GAS WELL	Time the of March	Bbls. Condensate/MMC	T	Gravity of Condendate			
	Actual Prod. Test-MCF/D	Length of Test						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-1n)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN			rion commissio 2 6 1972				
	I hereby certify that the rules and Commission have been complied	with and that the information of	riven Criginal	III CALETINAL DIENEG DY A. R. MCHOLILER				
	above is true and complete to the	nost of my knowledge and be	l PE					
	Original signed	by T. A. Dugan	This form is t					
		nature)						
	· _ •	ent	tests taken on the	well in accord	ance with RULE 11 t be filled out comple	1.		
	- A	able on new and r	ecompleted well	18.				
		3-72		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.				
	(D	ate)	Separate Form completed wells.	Separate Forms C-104 must be filed for each pool in multiply				