NO. OF COPIES RECEIVED			
DISTRIBUTI	-		
SANTA FE	/	\vdash	
FILE			
U.S.G.S.	/		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR	2		
PRORATION OF			
Operator			

	SANTA FE /		_	NEW MEXICO OIL	CONSERVATION COM	MISSION	For	Form C-104											
				REQUES	ST FOR ALLOWABLE		Su	Supersedes Old C-104 and C-1 Effective 1-1-65											
	U.S.G.S.		/		AUTHORIZATION TO T	AND			ective 1-1-65										
	LAND OFFICE				AUTHORIZATION TO TI	RANSPORT OIL AND	NATURAL	GAS											
	I TANSPORTER	OIL GAS	-		-														
	OPERATOR		2																
I.	PRORATION OFFIC	CE			<u> </u>														
	1	il an	nd (Gas	Company			1		`									
	Address																		
	Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) AN 88 1960																		
	New Well	-			Change in Transporter of:	Omer (Fieus	e explain)	JAN	8 8 1969	1									
	Recompletion Change in Ownership	5				Dry Gas Condensate			GIL 66N. 66M.										
	If change of ownershi	p give	name	e				DIS	†. 3										
	DESCRIPTION OF			· •	LEASE														
	Lease Name		Ail	ו עו	Well No. Pool Name, Including	Formation	Kind of Leas	•		Lease No.									
	Cat Draw	<u> </u>		_	l Basin Dako	ta	State, Federa	l or Fee		IM-4456									
	Unit Letter M	;	_10	040	O Feet From The South L	ine and 1040	Feet From	TheWes	•										
	Line of Section	4		Tow	waship 30N Range														
•••						<u>5W</u> , NMPM	Rio	<u>Arriba</u>		County									
111.	Name of Authorized Tra	TRAN:	SPO er of 0	Oil	FER OF OIL AND NATURAL G	AS Address (Give address	o which appro	ved copy of th	is form is to l	e sens!									
ļ	Name of Authorized Tra	nanoria	r of (Cani	Inches Con Con														
l					inghead Gas or Dry Gas X Gas Company	Address (Give address				e sent)									
	If well produces oil or li give location of tanks.				Unit Sec. Twp. Rge.	Box 900, Farm	ngton, N	ew Mexic	<u> </u>										
I:	f this production is co	omming	ied v	with	h that from any other lease or pool	no no													
IV. (COMPLETION DAT	A			Ott Wall														
	Designate Type	of Con	nple		n – (X)	New Well Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.									
1	Date Spudded 7-19-68				Date Compl. Ready to Prod. 8-19-68	Total Depth		P.B.T.D.	<u> </u>	'									
h	Elevations (DF, RKB, R	T, GR,	etc.,	;	Name of Producing Formation	8025 Top Oil/Gas Pay		Tubing Dept	8001										
_	6380 Gr				Dakota	7780		7895											
1	7780-98, 4 SPF, 7844-50, 7860-66, 2 SPF, 790						Depth Casing Shoe												
-	1100-90, 4 1) TT	104	4-	70, 1000-66, 2 SPF, 790	O-30, 4 SPF D CEMENTING RECOR	8024												
	HOLE SIZ			\neg	CASING & TUBING SIZE	DEPTH SE		-	CVS OFME										
	15 - 1/4			\Box	13-3/8"	306		34	CKS CEMEN										
_	12-1/4"			9-5/8"	34251		300 sx												
_	8 - 3/4	11			4-1/2"	8024		ļ — — —	- 300 sx										
*, L					2-3/8"	7805	t		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・										
•	, , , , , , , , , , , , , , , , , , , ,			FO	R ALLOWABLE (Test must be a able for this di	efter recovery of total volume epth or be for full 24 hours,	e of load oil o	ind must be eq	ual to or exce	sed top allow									
	Date First New Oil Run	To Tan	k s	1	Date of Test	Producing Method (Flow		t, etc.)	1 2-2-1	·									
	Length of Test			+	Tubing Pressure	Casing Pressure	 -	Choke Size											
-	Actual Prod. During Tes	t		+	Oil-Bbls.	Water - Bbls.		Gas-MCF											
_								Gda - MCF											
	AS WELL																		
	Actual Prod. Test-MCF, 2074	/D		1	Length of Test 3 hr	Bbls. Condensate/MMCF		Gravity of C	ondensate										
-	Testing Method (pitot, be			7	Tubing Pressure (shut-in)	Casing Pressure (Shut-	in)	Choke Size											
	back press				2014	2159			3/4"										
/1. C	ERTIFICATE OF C	COMPI	LIAN	NCE	E	OIL C	ONSERVA	TION COM	MISSION	8 1969									
С	ommission have been	compl	lied	wit	gulations of the Oil Conservation	APPROVED		<u> </u>	19										
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					best of my knowledge and belief.	By Original Signed by Emery C. Arnold													
						TITLE SUPERVISOR DIST. #5													
Jee G Salver (dr.) (Signature) Di atmiet Symonintendent						This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.													
										_	Dist	_ <u>30</u> (T	itle.	rintendent.	All sections of t	his form mus	t be filled ou		for allow-
															able on new and recompleted wells.				
• •	¥¥	C V CIIII	(D	ate	, 1968	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.													

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