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DISTRIBUTION			
SANTA FE			
FILE	[7]		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL GAS	/	
OPERATOR	[7]		
PROPATION OF			
Operator			
C &	E Ope	rate	ori
Address			
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Reason(s) for filing			
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	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-123 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TO	AND ANSPORT OIL AND HATUR				
	LAND OFFICE	AUTHORIZATION TO TRA	MOPORT OIL AND HATOR	AL GAS			
	IRANSPORTER OIL						
	GAS		APT 30-039-21925				
	OPERATOR						
I.	PROPATION OFFICE Operator						
	C & E Operators	. Inc.	•				
	Address						
		re - Suite 170 - Dallas,					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New We!l A	Change in Transporter of: Oil Dry Ga					
	Change in Ownership	Casinghead Gas Conder	7				
			· <u>··································</u> ·····				
	If change of ownership give name and address of previous owner						
		TAGE.		•			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of	Lease No.			
	State Comm	1A Blanco MV		ederdl or Fee State 8-10603			
		40	690	_			
	Unit Letter P; 41	90 Feet From The South Lin	e and 1020 Feet	From The East			
	Line of Section 16 Tow	nship 30N Range	7W , NMPM,	Rio Arriba County			
	Eine of Section 20 10.	304					
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S CONTRACTOR	and any of this form in to be cost			
	Name of Authorized Transporter of Oil	or Condensate		approved copy of this form is to be sent)			
	Plateau, Inc. Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Farmington, New Address (Give address to which	approved copy of this form is to be sent)			
	El Paso Natural Ga		El Paso, Texas	•			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.	P 16 30N 7W	No				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number	:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n - (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	11/11/78	1/9/79 Name of Producing Formation	5760 Top Oil/Gas Pay	5713 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Blanco MV	5394	5439			
	Perforations	Dianeo HV	3374	Depth Casing Shoe			
			CEMENTING RECORD	OLOVE CENEUT			
	HOLE SIZE	CASING & TUBING SIZE	451 °	SACKS CEMENT			
	13-3/4" 8-3/4"	9-5/8" 7"	3454'				
	8-3/4	4-1/2"	3323 - 57581				
		2-3/8"	5439				
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 allowable for this depth or be for full 24 hours)						
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Chole Size			
		Oil-Bble.	Water - Bbls.	gas-MCF			
	Actual Prod. During Test	Oil Sb.		FERRE 1879.			
				VOIL COAL GOM.			
	GAS WELL			Grayty of Dandensoth			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gradity of Danzenson			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
	3/4" Choke-blew to Ats.		510	3/4"			
VI.	CERTIFICATE OF COMPLIANCE	<u> </u>	OIL CONSE	RVATION COMMISSION			
	FEB 2.2 1919						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY				
			TITLE SUPERVISOR D'ST				
			This form is to be filed in compliance with RULE 1104.				
	S. Cunningfull		to allowable for a newly drilled or despend				
	2 1) Cummingue	ilwe)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Agent			Att mections of this fo	rm must be filled out completely for allow-			
	(Tu	•	able on new and recomplet	ed wells.			
	2/2	22/79	il well name or number, or tra-	s I. II, III, and VI for changes of owner, naporter, or other such change of condition.			
	(Da		Separate Forms C-104	must be filed for each pool in multiply			
			il comulated walls.				