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U.S.G.S.				
LAND OFFICE			Ι	
TRANSPORTER	OIL			
TRANSFORTER	GAS	1/		
OPERATOR				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	FILE	1/	<i>U</i>	·	AND		Priecita i-i-	••	
	U.S.G.S.			AUTHORIZATION TO TRAI	NSPORT OIL AND	NATURAL C	GAS		
	LAND OFFICE								
	TRANSPORTER OIL								
	GAS	1/							
	OPERATOR	12							
ı.	PRORATION OFFICE		L		·				
	Operator NOTEMBATE CHARGE MARKED AT CAC CORDON ARTON								
	MOUNTAIN STATES NATURAL GAS CORPORATION Address 4101 E. Louisiana Avenue, Denver, Colorado, 80222								
	Reason(s) for filing (Check				Other (Pleas	te explain)			
	New Well	proper	00%)	Change in Transporter of:	Omer 12 teac	ic capitality			
	Recompletion			Oil Dry Gas	Chan	ge of lead	se name and we	11 no.	
	Change in Ownership			Casinghead Gas Condens		60 01 Hear			
	Change in Ownership[Cashigheda Cas Condon					
	If change of ownership gi	ve nar	ne						
	and address of previous o	wner .							
11.	DESCRIPTION OF WE	LL A	ND I	Well No. Pool Name, Including Fo	rmation	Kind of Leas	•	Lease No.	
	State of New Me:	vi co	Cor			State, Federa	or Fee State	(E-3149	
		XICO		in A I Aztec, 10			Deace	(B-10644-6	
	Location		0.0	00 South	. 890		East	(B-10644-6	
	Unit LetterP	_;		90 Feet From The South Line	and	Feet From	The Edst	(E-9668	
	20			2017	1 0 W , NMP	Can T		· I	
	Line of Section 32		Tow	mship 29N Range	LUW , NMP	м, San J	uaii	County	
		_			_				
Ш.	DESIGNATION OF TR	ANSP	ORT	OF CONDENSATE OF CONDENSATE OF CONDENSATE	Address (Give address	to which appro	ved copy of this form is	to be sent)	
	Name of Authorized Transp	orter o	1 011	Of Condensate	Addiess (Othe, sectors	, to writer appro	out top, o, the jerm to		
				inghead Gas or Dry Gas	Address (Give address	to which appro	oved copy of this form is	to be sent)	
	Name of Authorized Transp	orter o	I Cas	ingnedd Gas or Di'y Gas	Address (Othe address	to writer appro	oca copy of this form to	,	
	4116 Co.			In the latest the late	1	who wh	nen		
	If well produces oil or liqu	ids,		Unit Sec. Twp. Rge.	Is gas actually connec	i i	1611		
	give location of tanks.					<u></u>			
	If this production is com	ningle	d wit	h that from any other lease or pool, i	give commingling ord	er number:			
	COMPLETION DATA						Plug Back Same Re	es'v. Diff. Res'v.	
	Designate Type of	Comp	letio	Oil Well Gas Well	New Well Workover	Deepen	Plug Buck Sume N	. Din Heave	
	Designate Type of	Comp	10110		<u> </u>				
	Date Spudded			Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF , RKB , RT ,	GR, et	tc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	-	
					<u> </u>		Do-th Contra Shop		
	Perforations					Depth Casing Shoe			
	TUBING, CASING, AN						1	21.242.25115117	
	HOLE SIZE			CASING & TUBING SIZE	DEPTH	SET	SACKS CE	MENT	
						·-·			
							<u> </u>		
					<u> </u>				
v	TEST DATA AND RE	QUES	TF	OR ALLOWABLE (Test must be as	fter recovery of total vo	lume of load oil	l and must be equal to or	r exceed top allow-	
••	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)								
	Date First New Oil Run To	First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test			Tubing Pressure	Casing Pressure		Choke Seze	La Value V	
	Actual Prod. During Test			Oil-Bbls.	Water-Bbis.		Gas-MCF NOV	6 197 0	
							ľ		
	·						VOIL CO	IN. COM.	
GAS WELL DIST 3								ST_3	
	Actual Prod. Test-MCF/I	D		Length of Test	Bbls. Condensate/MN	1CF	Gravity of Condensa	110	
	Testing Method (pitot, bac	ck pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size		
3/1	CERTIFICATE OF C	OMDI	TAN	CF	OIL	CONSERV	ATION COMMISSI	ON	
V 1.	CERTIFICATE OF C	OMI L	,47214	CE		. a. C 107	'n		
	# 4		and regulations of the Oil Conservation		APPROVED	10V 6 197		., 19	
	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 best of my knowledge and belief. (Signature)			Original	By Original Signed by Emery C. Arnold				
				BY Original Signed by Linery C. Arriold					
				TITLE SUPERVISOR DIST. #S This form is to be filed in compliance with RULE 1104.					
				If this is a r	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.				
				tests taken on th					
	alle				All sections of this form must be filled out completely for allow-				
	(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
1/1 4.14/0			17		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.				
	/1/125	4	_ /	4/0	Fill out only	Sections I.	II, III, and VI for Cr	age of condition	
	- Woo	4,	(0)	ate)	Fill out only well name or num	/ Sections I, ber, or transpo	it, itt, and VI for Cr orter, or other such cha	inge of condition.	
	//n	4,	(0)	ate)	Fill out only well name or num Separate Fo completed wells.	/ Sections I, ber, or transpo rms C-104 mu	it. III, and VI for Cr orter, or other such cha ast be filed for each	inge of condition. pool in multiply	