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FILE		1	L
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSFORTER	GAS		
OPERATOR		2	
PRORATION OF			
0			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

I

	U.S.G.S. LAND OFFICE TRANSPORTER OIL (GAS / OPERATOR 2 PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	PAL GAS	
	D. J. Siranons, et al. Address				
3590 McCart St. Fort Worth, Texas					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain		
	Recompletion	Oil Dry Ga	s 🔲		
	Change in Ownership	Casinghead Gas Conden	nsate		
	If change of ownership give name and address of previous owner	Pan American (previous o	operator) Farmington	N_M.	
II.	DESCRIPTION OF WELL AND L				
	Lease Name	Well No. Pool Name, Including Fo	State,	Lease No. Lease No.	
	Location IF N	3 Blanco-Was	Saverde	52 00000 (1)	
	Unit Letter <u>K</u> ; <u>1605</u>	Feet From The S Lin	e and <u>1650</u> Feet	From The W	
	Line of Section 24 Town	nship 29N Range	9 √ , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPORT		S Address (Cine address to which	approved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Plateau Inc.	or Condensate	1909 Bloomfiel	d Blvd.	
	'Name of Authorized Transporter of Casi	inghead Gas 🔲 or Dry Gas 💂	Address (Give address to which	approved copy of this form is to be sent)	
	El Paso Nat.	Unit Sec. Twp. Rge.	Is gas actually connected?	On when the	
	If well produces oil or liquids, give location of tanks.	K 24 291 9	Yes	3-4:-53	
	If this production is commingled with	h that from any other lease or pool,	give commingling order numbe	T:	
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date compilitionally to 1 load			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	rforations		Depth Casing Shoe	
	TUDING CASING AND		CENENTING DECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of lo pth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Chok	
	A Date Back	Oil - Bbls.	Water - Bbls.	Gal-Mer SEP 29 1990 OIL CON CONT	
	Actual Prod. During Test	OII-BBIS.	114161 - 2218.	SEP LOS CO	
				OIL DIST	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	Thereby 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. A sht on B. Geren, Jr. This f A sht on B. Geren, Jr. Signature Supt. for D. J. Simmons (Title) Sept. 28, 1968ate) Fill o well name		OIL CONS	ERVATION COMMISSION	
			APPROVED SEP 29 1966 , 19		
			Original Signed by Emery C Arnold		
			SUPERVISOR DIST. #3		
			TITLE 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.		
			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		

Separate Forms C-104 must be filed for each pool in multiply completed wells.