in we always.	1-	1				
DISTRIBUTION						
IANTA FE		7				
FILE		7		_		
U,\$,G.\$.						
LAND OFFICE						
IRANSPORTER	OIL			ŀ		
	GAS					
OPERATOR		2		ŀ		
PROBATION OFFICE				L		
Operator						
TASCO						
Address						
501 Airbort, Suit						
Reason(s) for filing (Check proper box)						
New Well						
Recompletion	[X]					

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C+104
Superzedes Old C-104 and G-110
Effective 1-1-65

1.	IJ.B.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR Z PROBATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS B.K.	
	TASCO				
	Address	44- 440 D . 1 . 1	24 1 001.04		
	Reason(s) for filing (Check proper box)	ite 110, Farmington, New	Mexico 87401 Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion A Change in Ownership	Oil Dry Ga Casinghead Gas Conder		ter re-entry	
	If change of ownership give name and address of previous owner				
H.	. DESCRIPTION OF WELL AND LEASE				
	Rattlesnake Navaio	Well No. Pool Name, Including F 148 CATHESNAKE Dakota	State, Feder	Navalo Tribal E	
•.	Unit Letter N : 946 Feet From The South Line and 1663 Feet From The West				
	Line of Section 12 Tow	mahip 29 North Range 1	9 West , NMPM, San Ju	an County	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Cil		Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
		Unit Sec. Twp. Pge.	Is gas actually connected? .Wh	nen	
	If well produces oil or liquids, give location of tanks.	1 1 1			
227	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	,	
IV.	Designate Type of Completio	n = (X)	New Well Workover Description	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of socal volume of load ail	and must be equal to or exceed top allow-	
• •	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pamp, gas li	ift, etc.)	
	8-1- 78	8-9-78	Pumping		
	Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cii-Bbis.	Water-Bbis.	Gan-North 1018	
•	8 days	5		The same of the sa	
•	GAS WELL		I Phile Condenses Augs	Craytikoi contensare	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Start Kot Coddevedte	
	Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION			
		APPROVED 19 19			
		Original Signed by A. R. Kendrick			
		TITLE This form is to be filed in compliance with RULE 1104.			
				(Signature)	
Operator		tests taken on the well in accor	rdance with RULE 111.		
			All sections of this form mu	let be iffied out combining in for silon-	
	11-1-78	(*)	All sections of this form mu able on new and recompleted we Fitt out only Sections I. Il	elia. I. III, and VI for changes of owner, ten or other such change of condition.	

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DISTRIBUTION			/
SANTA FE /	1	ONSERVATION COMMISSION	Form C-104
FILE	KEQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-111 Effective 1-1-65
U.S.G. S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	CAS
LAND OFFICE	AOTHORIZATION TO TRA	MISI ON I OIL AND HATORAL	GAS
FRANSPORTER GAS			
OPEHATOR 2			
PRORATION OFFICE		•	•
Operator			
List GAS TA	ζ		
Address		5 5 11 dr	•
Reason(s) for filing (Check proper box)	1. 10ge 1500 loly	Or. K. // 1/6 5 1616	ortene Siloz
New Well	Change in Transporter of:	9	
Recompletion	Cil Dry Ga	· Deane ma	me change
Change in Ownership	Casinghead Gas Conden	serte De from Rei	tlesnake
If change of ownership give name and address of previous owner	R. A. Crone IA	. FRAITPAND /	La Mexico
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		
1 AVATO	146 Katleknoke-	DAKATH State, Feder	al or Fee Tixing E - 39 Ind Sto
Location		1110	
Unit Letter.	Feet From TheLin	e and 1663 Feet From	The CC'
	mship 19 A Range ((C) , NMPM, 5-	County
Line of Section Tow	manip		7657.10
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Fr we Deaga	1d TNC	1.0. Bax 309 M	CAR ILGOL
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent;
•	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	
·	<u> </u>	-to- complete and compact	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	gree comminging order number.	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion		1	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Tetal Depth	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lievations (Dr., RAB, R1, GA, etc.)			
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			
-			
		1	
TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of lead of	l and must be equal to or exceed top allow-
OIL WELL	able for this de	pek or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ist, ele.)
Length of Test	Tubing Pressure	Casing Pressure	Chyles Size
			1 2500
Actual Prod. During Test	Oil-Bbls.	Weter - Bbie.	APR COM.
		<u> </u>	
			OIL DIST. 3
GAS WELL Actual Prod. Test-MCF/D	Length of Teet	Bhis. Condensate/MMCF	Gravity M Condensate
ACIUGI PIOG. 1 WOL-MCF/D			
Teeting Method (pirot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shwt-is)	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLIAN		APR 1	O 1978
I hereby certify that the rules and	regulations of the Oil Conservation	II APPROVED	
Cinclos hous been complied W	with and that the information given best of my knowledge and belief.	Original Signed	by A. R. Kendrick
THE PARTY OF THE P		TO THE V	F21-5-04

(Signature)

(Title)

(Date)

,**C**-7

, 19. ick SUPERVISOR DES

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 NULE 111.

All sections of this form must be filled out completely for allow-able 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 completed wells.