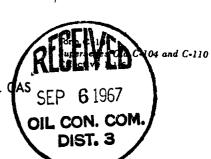
NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.		,	
LAND OFFICE			
TRANSPORTER	OIL	\tilde{I}	
	GAS	1	
OPERATOR			
PRORATION OFFICE		7	
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND



U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS CED C 1067			
LAND OFFICE		SEP 6 1967			
TRANSPORTER OIL		OIL CON. COM.			
GAS /			DIST. 3		
OPERATOR /	_				
PRORATION OFFICE '					
Pubas Potr	colour Cornerstion				
Address PHOCO PETT	oleum Corporation				
P. O. Box	869, Albuquerque, New Mex	tico 87103			
Reason(s) for filing (Check proper bo	(x)	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas	s 🔲	:		
Change in Ownership	Casinghead Gas Conden	sate			
change of ownership give name					
nd address of previous owner					
DESCRIPTION OF WELL AND	LEAGE				
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.		
77 - 1 1	15 Parts Delay	State, Feder			
Location Federal	15 Basin Dakot		Fee		
Unit Letter ;16	Feet From The	e and Feet From	The T		
——— · ——10	40 North	360	East		
Line of Section 7	ownship 20N Range 1	3W , NMPM, Se	County		
	- 2311	.5			
	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of O	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
Plateau. Incorpora	rainghead Gas or Dry Gas	Address Give address to which more	Stoney N this form 1874 91 sent		
Name of Adthorized Iransported of C	X	Address (Give dadress to which appro	seed copy of this form is to be sent;		
El Paso Natural Ga	S Company	Is gas actually connected? E1 Pe	180, Texas 79999		
If well produces oil or liquids, give location of tanks.					
	A 1 29N 13W				
this production is commingled w	with that from any other lease or pool,	give commingling order number:			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Complet	ion = (X)	v			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
7 1 1067	7-1 19 1067	61751	61601		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
_5440_GR	Basin Dakota	5942	61451		
5440 GR 5451 KB	Dasin Dakota	3742	Depth Casing Shoe		
			6175'		
		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12=1/4	8-5/8, 24.0#	331	250		
7-7/8	4-1/2, 10.5#	6175	714		
	2-3/8, 4.7#	6145			
PEST DATA AND DEGUEST	FOR ALLOWABLE (Test must be as	fter recovery of total volume of load of	l and must be equal to or exceed ton allows		
OIL WELL	able for this de	pth or be for full 24 hours)	and made of equal to or excellence top enter		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
		1			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Flod, 1881-WCF/D	Tourist 1001	Table Collegeing and Introduction			
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pressure CERTIFICATE OF COMPLIA	2039	2047 OIL CONSERV	ATION COMMISSION		
LEATIFICATE OF COMPLIA	NOB	SEP			
handly costify that the sules are	i regulations of the Oil Conservation	BY Original Signed by Emery C. Arnold			
Commission have been complied	with and that the information given				
above is true and complete to t	he best of my knowledge and belief.				
		TITLE SUPERVISOR	DIST. #3		
	• 71	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene			
XID NO 11	l. Ch.				
Virtually 1, Co	mature) Devold C. Hallson	well this form must be accomp	anied by a tabulation of the deviation		
	Donato C. Walker	tests taken on the well in acco	ordance with RULE 111.		
Petroleum Engi	rite)	All sections of this form m	ust be filled out completely for allow-		
		Fill out only Sections I.	II. III. and VI for changes of owner,		
September 1,	Date	well name or number, or transpo	rter, or other such change of condition.		

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