NO. OF COPIES RECEIVED			4		
DISTRIBUTIO					
SANTA FE	1				
FILE	1	4			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
, MANO, ON ER	GAS	1			
OPERATOR	/				

II.

III.

IV.

NO. OF COPIES RECEIVED		!					
DISTRIBUTION	ON			NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104		
FILE / L			REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-110			
		1	u	AND	Effective 1-1-65		
			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
AND OFFICE				TO THE MENT OF THE THE PARTONAL ON			
RANSPORTER	OIL						
	GAS	1					
		T —	1				

FILE	1 4	1		AND			LIIE	ctive 1-1-92	
U.S.G.S.		AUTHORIZATION	ON TO TRA	NSPORT	OIL AND N	ATURAL G	AS		
LAND OFFICE	-	-							
TRANSPORTER GAS	7	-							
OPERATOR	7								
PRORATION OFFICE									
W. M. GALL	YAWA								
Address	_								
		m Plaza Build	ing, Fa				87401		
Reason(s) for filing (Check pro	per box)			10	Other (Please	explain)			
New Well Recompletion		Change in Transport	er of: Dry Gas						
Change in Ownership		Casinghead Gas	ī -						İ
			,						
If change of ownership give and address of previous own							_		<del></del>
DESCRIPTION OF WELL	AND I								
Lease Name		Well No. Pool Name			1	Kind of Lease			Lease No.
Delo		6 Fulc	her Kut	Z P.C.		State, Federal	or Lee H.60	ieral Ni	M020982
Unit Letter K ;	1980	OFeet From The_S	outh	a and 2	212	Feet From T	he Wes	at.	
Onit Letter;		reet From The D	Line	e unu <u> </u>		_ reet riom i	11e 11 OK	<u>,                                    </u>	
Line of Section 20	Tow	waship 29 North	Range 1	l West	, NMPM,	San J	uan	<u></u>	County
DESIGNATION OF TRAN	SPORT	TER OF OIL AND NA	TURAL GA	S					
Name of Authorized Transporte					ive address to	which approv	ed copy of th	is form is to b	e sent)
Name of Authorized Transporte			Gas 🗔			which approv		•	
Southern Union	a Gat	thering Compai		"ideli	ty Unio	n Tower		ıs. Tex	75201
If well produces oil or liquids, give location of tanks.	, i	1	1	1 -	<b>es</b>	1	2 <b>–</b> 26-	<b>-7</b> 3	
if this production is comming	gled wit	h that from any other le	ase or pool.			number:			
COMPLETION DATA		Oil Well	TGas Well	New Well	Workover	Deepen	Dive Book	I Same Beste	Dutt Basta
Designate Type of Con	mpletio		Gds well	I lidem Mett	Workover	Deepen	Plug Back	Same Restv.	Dill. Res.v.
Date Spudded		Date Compl. Ready to Pr	od.	Total Dept	h	<u> </u>	P.B.T.D.	1	1
Elevations (DF, RKB, RT, GR, etc.; Name of Produ		Name of Producing Forms	lucing Formation Top Oil		ıs Pay		Tubing Depth		
Perforations							Depth Casin	g Shoe	
		TUBING, C	ASING, AND	CEMENTI	NG RECORE	)			
HOLE SIZE		CASING & TUBIN		T	DEPTH SE		SA	CKS CEMEN	1T
				ļ	<del> </del>				
TEGE DAMA AND REGIS	COT FO	OP ALLOWARIE (T	est must be af	<u> </u>	of total value	a of land oil a	-d	200	TAIL
TEST DATA AND REQUI	ESI FU	ALLOWABLE 12	ble for this dep	pth or be for	full 24 hours)	•		Zoil	TVEN
Date First New Oil Run To To	inks	Date of Test		Producing	Method (Flow,	pump, gas lift	, etc.)	ILLUI	-11 LU
1 and at Task		Tubing Pressure		Casing Pre	SSUTO		Choke Size	MAR 9	7 1973
Length of Test		I doing Fresome	•	Casting Fre	4524		00	199791 A	, 1 1913
Actual Prod. During Test		Oil-Bbis.		Water - Bbls.		GGS-MCF OF CON. CON.			
								DIST	<b>5.3</b>
<del></del>									-
GAS WELL Actual Prod. Test-MCF/D		Length of Test	<del></del>	Bhla, Cond	lensate/MMCF		Gravity of C	Condensate	
Actual Prod. 1881-MCF/D		Length of 1est		B2.5. Q0			Gravity Cr	,011 <b>24113214</b>	
Testing Method (pitot, back pr	.,	Tubing Pressure (Shut-	in)	Casing Pre	ssure (Shut-	in)	Choke Size		
CERTIFICATE OF COM	PLIANC	CE			OIL C	ONSERVA	TION CON	MISSION	
	_			APPRO	VED	M	AR 27 19	173 . 19	
I hereby certify that the rules and regulations of the Oil Conservation  Commission have been complied with and that the information given		Original Signed by A. R. Kendrick							
above is true and complete	to the	best of my knowledge	and belief.	BY					
/	, ,			TITLE.	PETROL	EUM ENGIN	EER DIST	<u>NO.3</u>	
11/7/1		01		Thi	s form is to	be filed in c	ompliance w	ith RULE 1	104.
W/////	-/W	Claurear	1_	15 +1	hie is a requ	est for allow	able for a ne	ewly drilled	or deepened
	(Signa	iture)		well the	s form must	be accompaniell in accord	ied by a tal	bulation of th	ne deviation
Operat						this form mus			y for allow-
	(Titl	le)		l shie on	new and rec	ompleted we	18.		

March 26, 1973 (Date)

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. 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.



Property Control of the

1977年,1975年,1985年,1985年,1985年,1985年

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1. 人名英格兰 医神经病