	HO. OF COPIES RECEIVED 15	٦						/
	DISTRIBUTION  SANTA FE FE FE FILE		NEW MEXICO OIL CONSERVATION O REQUEST FOR ALLOWAR AND				Form C-104 Supersedes () Effective 1-1:	ld C-104 and C-11
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	Operation Office							
Sol Airport Drive Farmington, NM 87401   Reason(s) for filing (Check proper box)   Other (Please explain)   New We!!   Change in Transporter of:   Change name from Fe						Federal Gas	Com 4 #1	
	Change in Ownership  If change of ownership give name	Cil Casinghe	oad Gas Conde	ensate	to Cha	v <b>ez Ga</b> s Co	m "C" #1R	
11.	DESCRIPTION OF WELL AND LEASE							
	Chavez Gas Com "C" 1R Basin Dakota Location			State Federa				Lease No.
			om The South Li	ne and <u>1</u>		Feet From T	_	
		wnship 20	20	· <u> </u>	, NMPN	, san	Juan	County .
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate X  Plateau, Inc.  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural Gas Company P.O. Box 990, Farmington, NM 87401							10 00 30111)
	If well produces oil or liquids, qive location of tanks.  Unit Sec. Twp. P.ge.  J 23 29N 10W				ally connect			
	If this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completion - (X)		New Well	Workover	Deepen	Plug Back   Same Re	stv. Diff. Restv.	
	Date Spudded 12-4-78	Date Compl. Ready to Prod. 2-28-79		Total Depth 6565			P.B.T.D. 6523'	
	Elevations (DF, RKB, RT, GR, etc.) 5597 GL, 5610 KB Perforations	Name of Prod Dakot	ucing Formation	Top O:1/Gas Pay . 6362'			Tubing Depth 6472 * Depth Casing Shoe	
	6362-6392', 6442-6466'						6565 <b>'</b>	
		TUBING, CASING, AN					SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	
	13-3/4"	9-5/8"		337'			285 6x 460 sx	
	8-3/4" 6-1/4"	4-1/2"		6565'		····	940 sx	
	U 1/ T		2-3/8"		6472'		i	
٧.	TEST DATA AND REQUEST FOR ALLOWABLE OII, WELL OIE Strain Name Cit Burn To Tones   Date of Test   Producing Method (Flow, pump, gas l							exceed top allow-
	Date First New Cil Run To Tanks	Date of Test						
	Length of Test	Tubing Press	are.	Casing Pressure			Choke Size	
	Actual Prod. During Test	Oil-Bbis.		Water - Bbls.			Gas-MCF	
	GAS WELL							
1	Actual Prod. Test-MCF/D	Length of Ter	it	Bbls. Condensate/MMCF			Gravity of Condensat	e Simon

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. Original Signed by TROWN TO CHAVEL TITLE SERVICE

Cosing Pressure (Shut-in)

APPROVED\_

Original Signet BY E. E. SVOBODA (Signature)

Tubing Pressure (Shut-in)

District Administrative Supervisor (Title)

(Dute)

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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 allowable on new and recompleted wells.

This form is to be filed in compliance with RULE 1104.

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.

Choke Size

OIL CONSERVATION COMMISSION

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