J. 01 60	 .	کـا	
DISTRIBUTION			
SANTA FE		1	
FILE		17	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

(Date)

	SANTA FE /		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	U.S.G.S.	7	AND	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL	┥				
	GAS /	7	API - 30-045 - 23757			
	OPERATOR 2		AFT	30-043 2313/		
I.	PRORATION OFFICE					
	Operator MANIANIA CAC TN	arc.				
	MANANA GAS, II	···				
	P. O. Box 145, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry G	Gas 🔲			
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F	· · · · · · · · · · · · · · · · · · ·	Ledse No.		
	Aunt Maggie	l Fulcher Kutz	Z PC Ext. State, Federa	or Fee 50% Fed.		
	i -	20 F2.at	1675	Court		
	Unit Letter;/:	90 Feet From The East Li	ne and 10/5 Feet From	The South		
	Line of Section 25	ownship 29N Range	11W , NMPM, Sa	an Juan County		
				333,		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA				
	Raine of Admorated Transporter of O	Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural		P.O. Box 1492, El F			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who			
	give location of tanks.			s soon as possible		
IV	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	single		
1 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	ion – (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9/10/79 Elevations (DF, RKB, RT, GR, etc.)	11/17/79	1900 Top Oil/Gas Pay	1809		
	5521 GL	Pictured Cliffs	1710	Tubing Depth 1723		
	Perforations		1 1/10	Depth Casing Shoe		
	1723-38 with 16 holes		1892.38			
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	5 1/8"	2 7/8"	133 1892.38	75 sax 325 sax		
		1"	1723	JLJ BUX		
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil o	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t. etc.)		
			including including pump, gas in,			
	Length of Test	Tubing Pressure	Casing Pressure	Chokesian		
			,	CEL FIVED		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Jack FOLL & F.P.		
				DEC 11979		
	GAS WELL			DEC COM		
	Actual Prod. Test-MC:	Length of Test	Bbls. Condensate/MMCF	CON. COM.		
	367 AOF	3 hrs.	none			
į	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 255	Cosing Pressure (Shut-in) 252	0.375		
.	CERTIFICATE AT COURT IN		1	<u></u>		
VI.	CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		TION COMMISSION		
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.		APPROVED				
		Original Signed by A. R. Kendric) SUPERVISOR DISTRICT # 3				
		, boat of my knowledge and belief.	SUPERVISOR DIST	RicT # 3		
			TITLE			
(Signature) President		This form is to be filed in c	ompliance 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				
		usure/	tests taken on the well in accord	lance with RULE 111.		
•		tle)	All sections of this form mus able on new and recompleted wel	t be filled out completely for allow-		
	11/28/79			able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner,		

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.

Secrete Forms C-104 must be filed for each cool in multiply