DISTRIBUTION  SARTA FE.  FILL  U.S.G.S.  LAND OFFICE  TRAN PORTER OIL  GAS  OPERATOR  PRORATION OFFICE	REGUEST	CONTRIVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Firm C-194 Supersedes Old C-104 and C- Ettective 1-1-55
Cperator  Courth land Boyselty Com		,	•
Southland Royalty Com	pany		
P. O. Drawer 570, Far Reason(s) for filing (Check proper box New We!!  Recompletion  Change in Ownership	mington, New Mexico 874  Change in Transporter of: Cil Dry Go Casinghead Gas Conde	Other (Please explain)	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	State Sec	
Beck "A"	2   Fulcher Kutz	Pictured Cliffs State, Per	deral or Fee Federal SF-07646
Unit Letter A : 870	Feet From The North Lir	ne and 790 Feet Fr	om The East
Line of Section 10 To	wnship 29N Range	12W , NMPM, San	Juan County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		oproved copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	-	proved copy of this form is to be sent)
Gas Company of New Mexi	LCO Unit Sec. Twp. Rge.	P. O. Box 1899, Bloom	field, New Mexico 87413
If well produces oil or liquids, give location of tanks.	, onto peed, twp. tage.	No No	, <b>*****</b>
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completic	on = (X)   Gas Well   X	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-19-80	7-21-81	1870'	1838'
Elevations (DF, RKB, RT, GR, etc., 5677' GR	Name of Producing Formation Pictured Cliffs	Top Cil/Gas Pay 1779	Tubing Depth
Perforations			Depth Casing Shoe
1779'-1809'	TURING CASING AND	D CEMENTING RECORD	1848'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 2-7/8"	145'	140 sacks
6-3/4"	2-7/8"	1848'	290 sacks
TEST DATA AND REQUEST FOOLL WELL		fter recovery of total volume of load rpth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	A PORT OF THE PROPERTY OF THE	Gas-MCF
	<u> </u>	(KILLIIIL)	
GAS WELL	1	NIG 1 8 1981	
Actual Prod. Test-MCF/D	Length of Test	Bbl. Condensate ANCF	Gravity of Condensate
74	3 hours	OIL CON. COME	
Testing Method (pitot, back pr.)  Back Pressure	Tubing Pressure (Shut-in)	Casing Frederic (Shut In)	Choke Size  3/8'
CERTIFICATE OF COMPLIANCE	CE	<u> </u>	VATION COMMISSION
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	AUG 201981
I hereby certify that the rules and i Commission have been complied w above is true and complete to the	ith and that the information given	BY	Original Signed by FRANK T. CHAVEZ
			R DISTRICT # 3

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- Jan Lyun	
(Signature)	

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District Production Manager

(Title)

August 14, 1981 (Date)

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 RULE 111.

All sections of this form must be filled out completely for allowable 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.