## DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-106 and C-110 Elloctive 1-1-65

TRANSPORTER	GAS										
OPERATOR								-			
PRORATION OFF	ICE										
Operator						<del></del>	<del></del> -	<del></del>	<del></del>		
ENERGY F	RESER	VES GRO	DUP, IN	C.							
Address		_							E P P s	බීට ණා	
P. O. Box 32				2602	<del></del>			150	EGEI		
Reason(s) for liting (	XX	toper box)		e in Transpo		10	ther (Please	e explain) 🕻 🗓			
New Well	뻐		Oll	o in transpo	<b>-</b>				AUG 2 9 100		
Recompletion Change in Ownership	H			ghead Gas	Dry Gas Conden	7			/ 130	,o	
Change in Ownership	<u> </u>		Castii	dueda das [	Conden	3016 []			IL CON I	<del>}</del>	
If change of owners and address of prev				····				<del></del>	AUG2 9 198 IL CON. L DIST. 3	/IV,	
DESCRIPTION OF	E WEL	I. AND I	EASE								
Lease Name					me, Including Fo	notton	···	Kind of Lease		Lease No.	
Gallegos Cany	zon Ui	nit	35		t Kutz <del>h Pinion</del> ]	?ruitlan	d	State, Federal	or Foo Fee	j	
Location											
Unit Letter	G	. 1520	) Feet	From The 1	North Lin	and 1460		Feet From T	<sub>he</sub> East		
				_							
Line of Section	·19	Tow	nship 2	9N	Range 12	2W	, NMPN	, San Ju	ıan	County	
	<b></b> .					_					
DESIGNATION OF				OIL AND N or Condensat			ive address	to which conserve	ed copy of this form	is to be care:	
Men's of Varuotitad								upprov	copy of this form	to be sent/	
Name of Authorized	Transco	ter of Cas	inghead Ga	s ot [	Dry Gas Cark	Address (G	ive address	to which approv	ed capy of this form	is to be sent?	
El Paso Natur			-		<del>-x-</del> x	1			on, NM 8740	• •	
<del></del>			Unit ;	Sec. Tv	wp. P.ge.		ally connect			1	
If well produces oil of give location of tank		8,	;		1	No	·	i	WOPL		
<u> </u>					1					· <del></del>	
If this production is COMPLETION DA		udiea mit	n that from	n any other	lease or pool,	Sine commit	ugitug otae	r number:			
		, .	(3/)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Same	Res'v. Diff. Res'v.	
Designate Typ	e of C	ompletio	n - (X)	1	xx	i ! _ XX		1	1		
Date Spudded			Date Com	pl. Ready to	Prod.	Total Depti	n		P.B.T.D.		
6-10-85				19-85	<del></del>	1215			1175		
Elevations (DF, RKB, RT, GR, etc.)			i .	roducing For	rmation	Top Oil/Gas Pay			Tubing Depth		
GR-5469, KB-5		Fru	itland		1066			1054			
Perforations 1066-1125 18 shots									Depth Casing Shoe		
	10	700-112	.5 18						1215		
TUBING, CASING, AND						CEMENTI					
9-7/8 6 1/4				ING & TUE	ING SIZE	136 1215			<del></del>	CEMENT	
				<u>′</u>	<del> </del>				70sx C1 Bw/2% Cacl & 1/4#/sx Flocele		
			· · · · · · · ·	1/2	····						
				1/2						50Poxmix w/29	
				3/8"		1054			-	-3, ½#/sx_Clo	
TEST DATA AND	J REQ	UEST FC	K ALLU	WABLE	(Test must be a able for this de				ind must be equal to	o or exceed top allow-	
Date First New Oil F	Run To 7	anks	Date of T	est		<u> </u>	<u> </u>	w, pump, gas lif	t, etc.)		
Length of Test			Tubing Pa	essure	<del></del>	Casing Pre	eswe	<del></del>	Choke Size	<del></del>	
Actual Prod. During	Test		Oil - Bble.			Water - Bble	··		Gas-MCF		
,					, , , , , , , , , , , , , , , , , , ,	<u> </u>					
' <u></u>											
GAS WELL											
Actual Prod. Test-N	MCF/D		Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
3168	3			0			NA				
Teeting Method (pite	ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Choke nipple	حد		3	40		] 3	40		3/4"		
CERTIFICATE O	F CO	IPLIANC	CE				OIL	CONSERVA	TION COMMIS		
						1			AUG 2		
I hereby certify the	it the ru	les and re	egulations	of the Oil	Conservation	APPRO	VĘD			, \	
Commission have t	been co	molled w	ith and th	hat the info	ormation given		•	Orig	inal Signed by FR	ANK T. CHAVEZ	
above is true and	comple	te to the	pest of	my knowled	ge and belief.	BY					

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

(Signature)

(Title)

District Clerk

August 27, 1985

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.

SUPERVISOR DISTRICT 强 3

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.