NO. OF COPIES RECE	3		
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SANTA FE	[/]		
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U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
I NAME ON LEA	GAS		
OPERATOR	1		
PRORATION OF			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 / Supersedes Old C-104 and C-110

ŀ	SANTA FE			-UR ALLUWABLE	Effective 1-1-65
-	U.S.G.S.	-/- -	AUTHODIZATION TO TRA	AND	CAS
ŀ	LAND OFFICE		AUTHURIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
ŀ	OIL		1		
	TRANSPORTER GAS		1		
H	OPERATOR	 	†		
_ }	PROPATION OFFICE		=		
1.	Operator Operator	<u> </u>			
l	Energy Reserv	700 C	roup Tno		
	Address	ves G	<u>тоар, тне.</u>		
l	D O Dow 220	20 0	asper, Wyoming 8260	1	
ŀ	Reason(s) for filing (Check p	roper box		Other (Please explain)	
-	New Well		Change in Transporter of:	Name abango	from Clinton Oil Co.
	Recompletion		Oil Dry Gas	s Name Change	TIOM CITHCON OIL CO.
-	Change in Ownership		Casinghead Gas Conden	sate	
i	Citality III Sunta and				
	If change of ownership give	e name			
	and address of previous ow	ner			
	DECORPORAL OF WEL	T AND	TEASE * Water Inject	tion Well	
11.	DESCRIPTION OF WELL Lease Name	L AND	LEASE * Water Inject Well No. Pool Name, Including Fo	ormation Kind of Lea	1 - 1
	N.E.Hogback U	Init	37* Horseshoe	C	al or FeFederal NM77264
	Location	JIIIL	1 37 HOLSESHOE	- CHILLIAN -	
		70	OFeet From The South Line	and 500 Feet From	The East
	Unit Letter P	·	Feet From The DOGGIT Entr	- and : eat 1.5	
	Line of Section 10	То	wnship 30N Range	16W , NMPM, San	Juan County
	Line of Section 10		3011		
	DESIGNATION OF TRA	NSPOR	TER OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transpo	rter of Oi	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Name of Authorized Transpo	rter of Co	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
	1,41,,6				
			Unit Sec. Twp. Ege.	Is gas actually connected? W	hen
	If well produces oil or liquid give location of tanks.	is,			
	<u></u>			nine commenting order thumber	
		ingled w	ith that from any other lease or pool,		
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepan	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of C	ompleti	on $-(X)$	MAR 2 9 1976	
	Date Spudded		Date Compl. Ready to Prod.		P.B.T.D.
	Date Spaces			OIL CON. COM.	
	Elevations (DF, RKB, RT, C	R etc.	Name of Producing Formation	Top Oil/Gas Pay DIST. 3	Tubing Depth
	Lievations (Dr., RRD, Rr, C	, e.c.,		,	
	Perforations			Depth Casing Shoe	
	Periorations				
			TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE			DEPTH SET	SACKS CEMENT
	HOLE SIZE		TUBING, CASING, AND CASING & TUBING SIZE	T .	SACKS CEMENT
	HOLE SIZE			T .	SACKS CEMENT
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			CASING & TUBING SIZE	DEPTH SET	
v.	TEST DATA AND REQ	UEST F	CASING & TUBING SIZE	DEPTH SET fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
v.	TEST DATA AND REQ		CASING & TUBING SIZE	DEPTH SET	il and must be equal to or exceed top allow-
V.	TEST DATA AND REQ		CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this de	DEPTH SET fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
V.	TEST DATA AND REQ OIL WELL Date First New Oil Run To		CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this de	DEPTH SET fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
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v .	TEST DATA AND REQUIL WELL Date First New Oil Run To Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Tanks	CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test	fter recovery of total volume of load or pth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	il and must be equal to or exceed top allow- lift, etc.) Choke Size Gas-MCF
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