NO. OF COPIES RECEIVED			
DISTRIBUTION		CONCERNATION COMMISSION	F 0.104
SANTA FE		CONSERVATION COMMISSION T FOR ALLOWABLE	Form C -104 Supersedes Old C-104 and C
FILE	T KEGOES	AND	Effective 1-1-65
U,S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL GA	AS.
LAND OFFICE	AGTHORIZATION		
TRANSPORTER OIL /			
GAS /			
OPERATOR ~			
PRORATION OFFICE	1		
	McCulloch Oil Corporati	ion of California	
Address	924 Vaughn Building, Mi	•	
Reason(s) for filing (Check proper box	x)	Other (Please explain)	
New Well	Change in Transporter of:	Well name changed	
Recompletion.			Romble N. Kirtland #1
Change in Ownership		densate	
If change of ownership give name and address of previous owner	Compass Exploration,	Inc., Box 1138, Fermington	New Mexico
DESCRIPTION OF WELL AND		Name, Including Formation	Kind of Lease
Lease Name Humble N.	KII didin	sin Dakota	State, Federal or Fee Federal
Location (Contract	L Bai	PARE ECADIO VO	T. GUGT OCT
	725 Feet From The North	ine and Feet From T	he <u>East</u>
Line of Section 13 , To	ownship <b>30N</b> Range	1ky, NMPM, San ;	Tuan County
Name of Authorized Transporter of Ci  La Mar Tru  Name of Authorized Transporter of Co	or Condensate (C) ucking, Inc. asinghead Gas or Dry Gas (C)	Box 1528, Paraing  Address (Give address to which approve  Address (Give address to which approve	cton, New Mexico ed copy of this form is to be sent)
El Peso N	atural Gas Co.	Box 1161, Farming	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	12-10-62
give location of tanks.	H 13 30N 14W	Yes	1,2-1,0-02
If this production is commingled w	vith that from any other lease or poo	ol, give commingling order number:	
		<del></del>	<del></del>
COMPLETION DATA	Oil Well Gas Well		Flug Back Same Res'v. Diff. Res
	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res
Designate Type of Complete	Oil Well Gas Well		Flug Back Same Res'v. Diff. Res
COMPLETION DATA	ion — (X)	New Well Workover Deepen	
Designate Type of Complete	ion — (X)	New Well Workover Deepen	
Designate Type of Completi	ion - (X)    Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth
Designate Type of Completi	ion - (X)    Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Complete  Date Spudded  Pool	ion — (X)    Date Compl. Ready to Prod.    Name of Producing Formation	New Well Workover Deepen Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Complete  Date Spudded  Pool	ion — (X)    Date Compl. Ready to Prod.    Name of Producing Formation	New Well Workover Deepen Total Depth Top Cil/Gas Pay  AND CEMENTING RECORD	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Complete  Date Spudded  Pool	ion — (X)    Date Compl. Ready to Prod.    Name of Producing Formation	New Well Workover Deepen Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completing Date Spudded  Pool  Perforations	ion — (X)    Date Compl. Ready to Prod.    Name of Producing Formation   TUBING, CASING, A	New Well Workover Deepen Total Depth Top Cil/Gas Pay  AND CEMENTING RECORD	P.B.T.D.  Tubing Depth  Depth Casing Shoe
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Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE	Oil Well Gas Well ion - (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE	Total Depth  Top Cil/Gas Pay  AND CEMENTING RECORD  DEPTH SET	Tubing Depth  Depth Casing Shoe  SACKS CEMENT
Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE	Oil Well Gas Well ion - (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Cil/Gas Pay  AND CEMENTING RECORD	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
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Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST I OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	O:! Well Gas Well  ion — (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this able for this able for this case)  Date of Test  Tubing Pressure  Oil-Bbls.	Total Depth  Total Depth  Top Cil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  Dee after recovery of total volume of load oil as depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift  Casing Pressure  Water-Bbis.  Bbls. Condensate/MMCF	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  and must be equal to or exceed top allowed to the size of the same of
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Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST I OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	Oil Well Gas Well  ion — (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  FOR ALLOWABLE (Test must b able for this  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure	Total Depth  Top Cil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  De after recovery of total volume of load oil a depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  and must be equal to or exceed top all t, etc.)  Choke Size  Gas MONILLL  JAN 1 7 1966  Gravity Si Condensate DIST. 3  Choke Size  TION COMMISSION

above is true and complete to the best of my knowl

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6.			
		A Bright Contract	
	<del>./</del>	Signature)	
~	(3	Signature)	
	Distr	rict Manager	

(Title)

1-11-66

(Date)

APPROVED	JAN	17	1956	,	19
	- ~.	_			

old

Supervisor Dist. # 3

TITLE \_\_

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 Sections I, II, III, and VI only 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.