NO. OF COPIES RECEIVED			5		
DISTRIBUTIO					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE		<u> </u>	L.		
T D A NEBORTER	OIL	\Box			
TRANSPORTER	GAS	/			
OPERATOR					
PRORATION OF					
Operator Address			_		
Reason(s) for filing New Well	(Check	ргоре	r box		
Recompletion					

- 1_								
ſ	DISTRIBUTION	NEW MEXICO	OIL CO	NSERVATION COMMI	SSION	Form C-104		
	SANTA FE /	REQUEST FOR ALLOWABL		OR ALLOWABLE	Supersedes Old C-104 and			
	ILE /			AND		Effective 1-1-65		
	u.s.g.s.	AUTHORIZATION T	O TRAN	ISPORT OIL AND N	IATURAL GA	\ \$	-0P.	
Ī	LAND OFFICE		-noleum (CORT.				
1	TRANSPORTER OIL /	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PUBCO PETROLEUM CO. PUBCO PETROLEUM CO. MERGED INTO MESA PETROLEUM CO. MERGED INTO MESA PETROLEUM CO.						
	GAS /				PC	GED INTO MESA PETRO SED INTO MESA PETRO ESECTIVE MAY 1.	973	
	OPERATOR /				MERC	SER CHECHE WAY		
ı. [PRORATION OFFICE							
Γ	Operator	777 A 4		OLEUM CORP.				
	Address	D A	D. O. Dow D. Antes Mary Newton 971/10					
		P.O. Box P, Aztec, New Mexico 87410 Other (Please explain)						
l	Reason(s) for filing (Check proper box)	Change in Transporter of: From Plateau, Incorporated						
Ì	New Well							
Ì	Recompletion	011	Dry Gas Condens	- XXX				
l	Change in Ownership	Casinghead Gas		ate-us-				
-	of above of autocabin give name							
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Inc.	luding For	mation	Kind of Lease		Lease No.	
i	Lease Name	-			State p & edesal	en Ge e		
	State Com. J	6 Bland	o Mess	verue				
	Location					** 4	ļ	
	Unit Letter L : 165	O Feet From The <u>South</u>	Line	and _990	Feet From T	he <u>West</u>		
				O II L NUMBER		San Juan	County	
	Line of Section 36 Tow	mshi gl North Ra	nge	9 West , NMPM	<u>,</u>	Sent a ment	County	
				_				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATUR	AL GAS) (C:11	a subjet approx	ed come of this form is to	he sent)	
	Name of Authorized Transporter of Oil	Authorized Transporter of Oil or Condensate						
	Inland Corporation			P.O. Box 1528	Farmingt	on, New Mexico	8740I	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	ÓX.			ed copy of this form is to		
	El Paso Natural Gas Company		P.O. Box 990		Farmington, New Mexico 87401			
			P.ge.	Is gas actually connect	ed? Whe			
	If well produces oil or liquids, give location of tanks.	L 36 31N	9W					
	If this production is commingled wit	<u> </u>	or pool. s	rive commingling orde	r number:			
T T 7	COMPLETION DATA	in that from uny other react						
1 V .			s Well	New Well Workover	Deepe	Progressor Tame Hes.	v. Diff. Restv.	
	Designate Type of Completic				- CX	17.01	_i	
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		Thing Depth.		
					100	145 CM		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	1	Twing Dep		
					<u> </u>	04. 3		
	Perforations				\	De Lin Calaing Shoe		
						200		
		TUBING, CASI	NG, AND	CEMENTING RECO	RD			
	HOLE SIZE	CASING & TUBING S		DEPTH S		SACKS CEM		
	HOLL SIZE						ENT	
							ENT	
							ENT	
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							ENT	
_		OP ALLOWARIE (Taxes	nust he ci	fter recovery of total vol	ume of load cil	and must be equal to or e		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test: able f	must be af	pth or be for full 24 how	8)	and must be equal to or e		
V.	OIL WELL	OR ALLOWABLE (Test able f	nust be af or this de	fter recovery of total vol pth or be for full 24 how Producing Method (Flo	8)			
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	able f	nust be af or this de	pth or be for full 24 how	8)			
V.	OII, WELL Date First New Oil Run To Tanks	able f	must be aj or this de	pth or be for full 24 how	8)			
V.	OIL WELL	able f	must be aj 'or this de	Producing Method (Flo	8)	ft, etc.)		
V.	OIL WELL Date First New Oil Run To Tanks Length of Test	able f Date of Test Tubing Pressure	must be aj or this de	Producing Method (Flo	8)	ft, etc.)		
V.	OII, WELL Date First New Oil Run To Tanks	able f	must be aj or this de	Producing Method (Flo	8)	Choke Size		
v .	OIL WELL Date First New Oil Run To Tanks Length of Test	able f Date of Test Tubing Pressure	must be af or this de	Producing Method (Flo	8)	Choke Size		
v.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	able f Date of Test Tubing Pressure	must be aj or this de	Producing Method (Flo	8)	Choke Size		
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able f Date of Test Tubing Pressure Oil-Bbls.	must be aj or this de	Producing Method (Flo Casing Pressure Water-Bbls.	s) w, pump, gas lij	Choke Size		
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	able f Date of Test Tubing Pressure	must be aj or this de	Producing Method (Flo	s) w, pump, gas lij	Choke Size Gas-MCF		
v.	Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	able f Date of Test Tubing Pressure Oil-Bbls. Length of Test	or this de	Producing Method (Flo Casing Pressure Water-Bbls. Bbls. Condensate/MM	s) w, pump, gas li	Choke Size Gas-MCF		
v.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able f Date of Test Tubing Pressure Oil-Bbls.	or this de	Producing Method (Flo Casing Pressure Water-Bbls.	s) w, pump, gas li	Choke Size Gas-MCF Gravity of Condensate		
v .	Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	able f Date of Test Tubing Pressure Oil-Bbls. Length of Test	or this de	Producing Method (Flo Casing Pressure Water-Bbls. Bbls. Condensate/MM Casing Pressure (Shu	e) w, pump, gas li CF	Choke Size Gas-MCF Gravity of Condensate	xceed top allow	

VI. CERTIFICATE OF COMPLIANCE

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.

Field Foreman

(Title) September 24, 1968

(Date)

SEP 26 1968

SUPERVISOR DIST. #3

Original Signed by Emery C. Arnold APPROVED.

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.