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	NO. OF COPIES REC		d											
	DISTRIBUTI	ON				NEW MEXIC	30 OIL O	ONSEDV	ATION	01.0.000				
	SANTA FE		14		_	RF	QUEST	FOD AL	LOWADI	OMMISSION		Form C-104		
	FILE		1/	_			.40231	AND	LUMABI	LE		Supersedes Of Effective 1-1-	ld C-104 and (C-11
	U.S.G.S.				AUTHO	PIZATION	TO TO						03	
	LAND OFFICE		$I \supset I$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	KIZATION	IUIKA	NOPUK	I OIL A	ND NATURAI	_ GAS			
	TRANSPORTER	OIL	1/1						-		OUNNEE	D EDOM SHEL		
		GAS							ار	TRANSPORTE	K CHANGE	U TROM SHE		
	OPERATOR		/	 						OIL COMPAI	NY TO SHE	LL PIPE LINE		
I.	PRORATION OFFICE				CORPORATION E						N EFFECT	EFFECTIVE 12/31/69		
••	Operator													
	ENGINEERING & PRODUCTION, SERVICE INC.													
	Box 190 Farmington, New Mexico													
	Reason(s) for filing	(Check p	roper b	ox)					Other (PI	ease explain)				
	New Well				Change in	Transporter of:	:			cuse expluin)				Ì
	Recompletion				Oil		Dry Gas							
	Change in Ownership				Casinghead	d Gas	Condens	H						
	If change of owners and address of prev	ious ow	ner	MOD		Corp.	Box 1	652	Caspe	r, Wyomi	.ng	,		
п.,	DESCRIPTION OF	F WEL	LAN	D LEA	<u>SE</u>									
	Lease Name				Well No. F	Pool Name, Inc	luding For	mation		Kind of Lec	se Ind	ian	I some No	_
	Ute Mount	ain			#1	Verde	Gallu	D		State, Fede		Federal	14-20-	6 þ
-	Location							<u> </u>				redetai	<u> -63</u>	_
İ	Unit Letter	<u> </u>	19	80	Feet From	The Nort	h_Line	and	530	Feet From	n The	est of S	ec 16	
Į	Line of Section	16	т	ownship	31	Rai	nge 1	4W	, NM	_	n Juan		County	-
II. j	DESIGNATION OF	TRAN	SPO	RTER (OF OII. A	ND NATHD	AT CAS						County	
ſ	Name of Authorized T	runsport	er of C	11 🔀	or Con-	densate	L UAS	Address /	Give addes	ss to which appr		1.1.		
	Shell O	il C	omp	anv			1	Borr	1588					
f	Name of Authorized T	ransport	er of C	asinghe	ad Gas	or Dry Con!	,			rarmin	gton,	New Mex	LCO	
- 1		-				J. 2., Gus	i	ruaress (t	rive addres	s to which appr	oved copy o	f this form is to	1 ha aa-al	\neg

	Box 190 Farming	rton. Nev	y Mayi								
	Reason(s) for filing (Check proper	box)	v Hext	<u> </u>		0.1					
	New Well	-	in Transp			Other (Pleas	e explain)				
	Recompletion		un iransp I	orter of:							
	Change in Ownership X	Oil	ļ	— Dry (Gas						
	Change in Ownership	Casing	head Gas	Cond	ensate						
	If change of ownership give name	B M = 1-21 0				_					
	and address of previous owner	Mobil C	011 Go	rp. Box	1652	Casper,	Wyomin	ıg			
11.	DESCRIPTION OF WELL AN	DIEACE									
	Lease Name	Well N	o. Pool No	me, Including	Formation		T-52. 1 4.2	····			
	Ute Mountain	#1	1				Kind of Leas			14-20-6	
	Location	17/1	7e:	rde Gal	Lup		State, Federa	lorFee F	ederal	-63	
	Unit Letter E; 19	80 5	The 1	Vorth		520		••			
		ree(r	rom ine	VOI CII	ne and	230	Feet From	The We	st of S	ec 16	
	Line of Section 16	Fownship	31	Range	14W	Murry	S =	Juan			
				Trange		, NMPM	, san	Juan	·	County	
II.	DESIGNATION OF TRANSPO	RTER OF OIL	L AND N	ATURAL G	AS						
	Name of Authorized Transporter of (Ott 🔀 ot	Condensate	, 🗆	Address (C	ive address t	o which appro-	ved conv of th	ie form in to	. A. Carall	
	Shell Oil Comp	any			Box			ved copy of this form is to be sent)			
	Name of Authorized Transporter of C	Casinghead Gas [ead Gas or Dry Gas				o which approx	ton, New Mexico ved copy of this form is to be sent)			
							o wasen uppro	ea copy of th	is jorm is to	be sent)	
	If well produces oil or liquids,	Unit Se	c. Tw	p. Rge.	ls gas actu	ally connecte	d? Whe	<u> </u>			
	give location of tanks,	E 2	,			No	i with	en.			
٧.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA										
		Gas Well	New Well	Workover	Deepen	D1	1				
	Designate Type of Complet	ion = (X)		1		1	Deepen	Plug Back	Same Hest	v. Diff. Res'v.	
	Date Spudded	Date Compl.	Compl. Ready to Prod.			<u> </u>	<u>i </u>	P.B.T.D.	<u> </u>	<u>. </u>	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing Form	ation	Top Oil/Go	Top Oil/Gas Pay			Tubing Depth		
ļ											
	Perforations						· · · · · · · · · · · · · · · · · · ·	Depth Casin	g Shoe		
-											
TUBING, CASING, AND CEMENTING RECORD											
}	HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
ŀ	-										
ŀ		_					 -				
-					 		. <u> </u>				
, ,	TEST DATA AND DECYPER S				<u> </u>						
	TEST DATA AND REQUEST F OIL WELL	OR ALLOWA		est must be a	ter recovery	f total volum	of load oil a	nd must be eq	ual to or exc	eed top allow-	
	Date First New Oil Run To Tanks	Date of Test				un 24 nours)		,		a a	
						etnod (Flow,	pump, gas lift	etc.) 🗸			
卜	Length of Test	Tubing Press		C			Choke Si		# T		
	•	* annid Liasemia				Cdsing Pressure			(In	•	
-	Actual Prod. During Test	Oil-Bbls.			Water-Bbis.				AME		
1		0 55.6.			water - Bbie.			Gas - MOF	CEB.		
'-								<u> </u>	760		
(GAS WELL							1	0%		
_	Actual Prod. Test-MCF/D	Length of Tea	Length of Test			Bbls. Condensate/MMCF			100		
	•								Gravity of Condensate		
-	Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-	(a)	Cosing Pro-	tobus 1			<u></u>		
	. ,			,	and Lies	ure (Shut-i	-,	Choke Size]	
_	ERTIFICATE OF COMPLIAN		· · · · · · · · · · · · · · · · · · ·				<u>-</u> -l				
٠.	LETIFICATE OF COMPLIAN	CE				OIL CO	NSERVAT	ION COM	MISSION		
				- 1			TT:	າ ∾ 10	L U		

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.

J. D. Hicks
(Signature)
President
(Title)
2-1-68
(Date)

FEB 7 1908 APPROVED

ev Original Signed by Emery ned by Emery C. Arnold SUPERVISOR DIST. #9

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 transporten or other such change of condition. Scharate Forms C-104 must be filed for each pool in multiply completes wells.