M	. 1	70	<i>/-</i>
Operator			•
PRORATION OF	'		
OPERATOR	1		
	GAS	1	
TRANSPORTER	OIL	7_	L
LAND OFFICE		<u></u>	
U.S.G.S.		ļ <del> </del>	
FILE	1	ر يا	
SANTA FE	/		
DISTRIBUTIO			
NO. OF COPIES RECI	2/		

	DISTRIBUTION	<b>.</b>		NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
ĺ	SANTA FE	+'		REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	FILE	11	_ ي		AND	Fliective 1-1-02	
	U.S.G.S.			AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE	<del></del>					
	TRANSPORTER						
	GAS	1					
	OPERATOR	1					
1.	PRORATION OFFICE	'					
	Operator			1 4 1			
	M.A	10	17	in oil & bo	s C 0.		
	Address	=	. د و	1 DI- 51	enik, Arizon Other (Please explain)		
	4105 11,	3	7	- + race - the	enik, Hrizon	· 4	
	Reason(s) for filing (Check	proper	box)		Other (Please explain)		
	Mew Well			Change in Transporter of:			
	Recompletion			Oil Dry Ga	ıs		
	Change in Ownership			Casinghead Gas Conden	nsate		
	If change of ownership give						
	and address of previous o	wner_					
п	DESCRIPTION OF WEI	T Τ Δ	ND I E	CASE			
	Lease Name	<u>LL,A.</u> (	ND LL		me, Including Formation	Kind of Lease	
	407		· ~	· / /	orde Gallup	State, Federal or Fee	
	Location.	1			raccanap	· · · · · · · · · · · · · · · · · · ·	
	N/	E	721	Feet From TheLin	1120	- \.	
	Unit Letter	_ ; 🛁	۔ب۔	Peet From TheLin	e and Feet From	The	
	12	<b>~</b>		211	S. / S.	7	
	Line of Section		Towns	hig 3/V Range /	5W, NMPM, QG	County	
					~		
III.				R OF OIL AND NATURAL GA	Address (Cina address to milit	and above of this form is to be seen	
	Name of Authorized Transp	orter o	CII _	or Condensate	Address (Give address to which appro	roed gopy of this form is to be sent)	
7	TRICATE			tre.	LACK DEOVILLE DE	VI. Tanhousetan, N.N.	
	Name of Authorized Transp	orter o	f Casino	mead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
	If well produces oil or liqui	ids,	U	nit Sec. Twp. Rge.	Is gas actually connected? Wi	hen	
	give location of tanks.	,		N 10 314 15W			
	Tf this good setting to the	.i.e. ~1 -	4 ,,,,,		give commingling order numbers		
	If this production is comm  COMPLETION DATA	ningle	ı With	that from any other lease or pool,	Rive committifitud order unmbet:		
4 V .				Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of (	Compl	etion				
	Date Spudded	-		Pate Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spaaded			ate compt. Haday to Float			
	Paul			Iame of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pool		1	dame of Producing rormation	150 Oil, Gub Puy	Labing Deptil	
	D. C.				<u> </u>	Denth Casing Shoe	
	Perforations					Depth Casing Shoe	
					CEMENTING RECORD		
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND DEC	JIES	r For	ALLOWARIE (Test must be m	fter recovery of total volume of load of	l and must be equal to or exceed ton allow	
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)						
	Date First New Oil Run To	Tanks	. [	ate of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
						/OTITIVEN\	
	Length of Test		<del>-   1</del>	ubing Pressure	Casing Pressure	Cheke Intelled   Ltd	
	Actual Prod. During Test		<del>-                                    </del>	Dil-Bbls.	Water-Bbls.	GA-MOUN 21 1967	
	,					las ans and	
	<u> </u>					- Juli Com Com	
	CAC WELL					<b>▼ DIBT. 3</b> /	
	GAS WELL Actual Prod. Test-MCF/D			ength of Test	Bbls. Condensate/MMCF	Gravity of Cont	
	Actual Prod. 1 est = MCF/D		-	engin or rest	Data: Condensate MMCL	Gravity of Con-	
		7.		lah tau Dan	Gerta De-	Ohaha Oh	
	Testing Method (pitot, back	к рг.)	Т	ubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE				OIL CONSERV	ATION COMMISSION	
					UN 0 1 10C7		
	I hereby certify that the	hereby certify that the rules and regulations of the Oil Conservation			APPROVED JUN 2 1 130/		
	Commission have been of	Commission have been complied with and that the information given			BYOriginal Signed by Emery C. Arnold 19		
	above is true and compl	above is true and complete to the best of my knowledge and belief.			BYOngina bigines 1		
	<del></del>			•••	TITLE SUPERVISOR DIST #3		
				_	TITLE BOILDITA		
	6001 1				This form is to be filed in compliance with RULE 1104.		
	10.0	10 Wollement			If this is a request for allowable for a newly drilled or deepened		
			Signatu	189	well, this form must be accomp	anied by a tabulation of the deviation	
		-	لتب	×	tests taken on the well in accordance with RULE 111.		
	(Tiv6)				II All sections of this form m	ust be filled out completely for allow-	

able 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.