NO. OF COPIES RECEIVED			5	
DISTRIBUTI				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR				
PRORATION OF				
Operator				

:	SANTA FE /		NE	W MEX	REQUEST	CONSERVATION COM FOR ALLOWABLE AND	Form C-104 Supersedes Oi Effective 1-1-				
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS /	A	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
I	OPERATOR / PRORATION OFFICE Operator										
	Pubco Petroleum Corporation										
	P. O. Box 869, Albuquerque, New Mexico 87103 Reason(s) for filing (Check proper box)										
	New Well Change in Transporter of:										
	Recompletion X Oil Dry Gas Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name and address of previous owner	•									
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kinc of Lease Lease No.										
	Suter						ral or Fee Fee	Lease No.			
		Unit Letter N ; 850 Feet From The South Li				1450	Feet From				
	Line of Section 15	Fownship 3				ll West , NMPM		San Juan	County		
III.	DESIGNATION OF TRANSPO	RTER OF				ıs					
	Name of Authorized Transporter of (Plateau, Incorporate		or Condens	sate 🔀	X	Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of C		as o:	r Dry G	as XX	P. O. Box 108, Address (Give address	Farming	ton, N. M. 870 oved copy of this form is to	401		
	El Paso Natural Gas	Company				P. O. Box 1492, El Paso, Texas 79999					
	If well produces oil or liquids, give location of tanks.	Unit		Twp. 32N	Rge.	Is gas actually connect. Yes	ed? Wi	ien	7		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA August 26, 1967										
	Designate Type of Complet	tion - (X)	Oil Wel	1 (Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.		
	Date Spudded		npl. Ready t	e Prod.	<u> </u>	Total Depth	1	1 1			
	Workover: 8/12/67 8/14/67		5622		P.B.T.D. 5580 ¹	!					
	Elevations (DF, RKB, RT, GR, etc.) 6485 KB 6474 GR		Name of Producing Formation Mesaverde		Top Oil/Gas Pay 5135'			Tubing Depth 5521			
	Perforations Point Lookou	t: 5448	-5531.	Mene	efee: 5	394-5418 5339-6	4,5269-	Depth Casing Shoe			
	5312,5224-40,5204-14,5153-63. Cliff House: 505 5008-18. TUBING CASING AND				4-82,5042-46,5026-36, 5622 CEMENTING RECORD						
	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEM	SACKS CEMENT			
	13-3/8"	10-3/4"		197'			150				
	9-7/8" 6-3/4"		7-5/8**			3500'		300			
	0-3/4	6-3/4" 5-1/2" 2-3/8"				5622' 5521'	140	140			
V.	TEST DATA AND REQUEST	FOR ALLO		(Test	must be aj	ter recovery of total volum	ne of oad oil	and must be equal to of	geed top allow-		
ĺ	OIL WELL able for this de Date First New Oil Run To Tanks Date of Test					pth or be for full 24 hours Producing Method (Flow	,	<i>J 17161711</i>			
	Length of Test Tubing Pressure Actual Prod. During Test Oil-Bbls.			Casing Pressure Chak		Chike SizC7	ke StaCT,				
			Water-Bbls.		Gal-MCP COM COM						
								Olst or	DAY.		
_	GAS WELL										
	Actual Prod. Test-MCF/D	Length of				Bbls. Condensate/MMCF	,	Gravity of Condensate			
}	4071 Testing Method (pitot, back pr.)		hours	ut-in)	<u> </u>	Casing Pressure (Shut-	in)	Choke Size			
	Back Pressure	65	-	,	•	727	,	3/4"			
VI.	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.				OIL CONSERVATION COMMISSION OCT 111967						
- (APPROVED 19 19 19 Original Signed by Emery C. Arnold						
					TITLE SUPERVISION DIST. #9						
	Donald C. Walker (Signature) Petroleum Engineer (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.					
-											
	· · · · · · · · · · · · · · · · · · ·	r 9, 196	7			Fill out only Sections I, II. III, and VI for changes of owner,					
-	(D	ate)			1	well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					
						Separate Forms completed wells.	C-104 must	ne med tot eacy boo	i in multiply		