| NO OF COMIET MECENTED 1/2                                                                                                                 | well-k                                         |                                                                                                                                         |                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| DISTRIBUTION                                                                                                                              |                                                | ONSERVATION COMMISSION                                                                                                                  | Form C-104                                                                 |  |
| SANTA FE.                                                                                                                                 | 1 /                                            | FOR ALLOWABLE                                                                                                                           | Supersedes Old C-104 and C-110                                             |  |
| FILE                                                                                                                                      |                                                | AND                                                                                                                                     | Effective 1-1-65                                                           |  |
| U.S.G.S.                                                                                                                                  | AUTHORIZATION TO TRA                           | INSPORT OIL AND NATURAL GA                                                                                                              | S                                                                          |  |
| LAND OFFICE                                                                                                                               |                                                |                                                                                                                                         |                                                                            |  |
| TRANSPORTER GAS /                                                                                                                         |                                                |                                                                                                                                         |                                                                            |  |
| OPERATOR  1. PRORATION OFFICE                                                                                                             |                                                |                                                                                                                                         |                                                                            |  |
| Pubco Petrole                                                                                                                             | eum Corporation                                |                                                                                                                                         |                                                                            |  |
| Address                                                                                                                                   | O Albumumum Hans March                         | co 87103                                                                                                                                |                                                                            |  |
| Reason(s) for filing (Check proper box                                                                                                    | 9, Albuquerque, New Mexic                      | Other (Please explain)                                                                                                                  |                                                                            |  |
| tiew Well                                                                                                                                 | Change in Transporter of:                      |                                                                                                                                         |                                                                            |  |
| Re completion KX                                                                                                                          | Oil Dry Go                                     |                                                                                                                                         |                                                                            |  |
| Change in Cwnership                                                                                                                       | Casinghead Gas Conder                          | isate                                                                                                                                   |                                                                            |  |
| If change of ownership give name and address of previous owner                                                                            |                                                |                                                                                                                                         |                                                                            |  |
| II. DESCRIPTION OF WELL AND                                                                                                               | LEASE                                          | ormation Kind of Lease                                                                                                                  | V No                                                                       |  |
| Learne Herme                                                                                                                              | Well No. Pool Name, Including F  3 Blanco Mesa | CLASS CONTRACTOR                                                                                                                        | r Fee Federal 078119                                                       |  |
| Suter                                                                                                                                     | 3 Blanco Mesa                                  | VEIGE                                                                                                                                   | reneral profits                                                            |  |
|                                                                                                                                           | 5 Feet From The North Lin                      | ne and 1630 Feet From Th                                                                                                                | e East                                                                     |  |
|                                                                                                                                           | 00 20                                          | _                                                                                                                                       | en Juan County                                                             |  |
| Line of Section 14 To                                                                                                                     | wnship 32 NOTER Range 11                       | WESL , NMPM, So                                                                                                                         | rii Juan County                                                            |  |
| II. DESIGNATION OF TRANSPOR                                                                                                               |                                                | AS                                                                                                                                      | d annual discounting to be part)                                           |  |
| Nume of Authorized Transporter of Oil                                                                                                     | or Condensate                                  | Address (Give address to which approve                                                                                                  | a copy of this form is to be sent;                                         |  |
| Hane of Authorized Transporter of Ca                                                                                                      | singhead Gas or Dry Gas                        | Address (Give address to which approve                                                                                                  | d copy of this form is to be sent)                                         |  |
| El Paso Vatural Gas                                                                                                                       |                                                | P. O. Box 1492, El Paso                                                                                                                 | , Texas 79999                                                              |  |
| If well produces cil or liquids,                                                                                                          | Unit Sec. Twp. Rge.                            | Is gas actually connected? When                                                                                                         |                                                                            |  |
| give location of tanks.                                                                                                                   |                                                |                                                                                                                                         | September 28, 1967                                                         |  |
| If this production is commingled will. V. COMPLETION DATA                                                                                 | ith that from any other lease or pool,         |                                                                                                                                         | Plug Back   Same Res'v.   Diff. Res'v.                                     |  |
| Designate Type of Completic                                                                                                               | on - (X) Oil Well Gas Well                     | New Well Workover Deepen                                                                                                                | Plug Back   Same Restv. Diff. Restv.                                       |  |
| Date Spudded 11/5/53                                                                                                                      | Date Compl. Ready to Prod.                     | 1                                                                                                                                       | P.B.T.D.                                                                   |  |
| Workover: 3/20/67                                                                                                                         | 9/15/67                                        | 5700'                                                                                                                                   | 5675*                                                                      |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                        | li .                                           | Top Oil/Gas Pay                                                                                                                         | Tubing Depth                                                               |  |
| 6499 GR 6509 DF                                                                                                                           | Mesaverde<br>22,5601-06,5522-27,5510-          | 5071 <sup>1</sup><br>20. 5498-5508-5472-82                                                                                              | 55951<br>Depth Casing Shoe                                                 |  |
| 5456-66,5400-15,5332-67                                                                                                                   | ,5331-36,5290-95,3249-54                       | ,5193-5203,5142-52,                                                                                                                     | 56971                                                                      |  |
|                                                                                                                                           | 89,5071- TUBING, CASING, AN                    |                                                                                                                                         |                                                                            |  |
| 76. HOLE SIZE                                                                                                                             | CASING & TUBING SIZE                           | DEPTH SET                                                                                                                               | SACKS CEMENT                                                               |  |
| 13-3/4                                                                                                                                    | 10-3/4                                         | 193 <b>'</b><br>5072 <b>'</b>                                                                                                           | 200<br>375                                                                 |  |
| 9"                                                                                                                                        | 4-1/2                                          | 5697°                                                                                                                                   | 200                                                                        |  |
| (W.O.) 6-1/4                                                                                                                              | 2-3/8"                                         | 5595'                                                                                                                                   |                                                                            |  |
| V. TEST DATA AND REQUEST F                                                                                                                | OR ALLOWABLE (Test must be                     | after recovery of total volume of load oil as                                                                                           | nd must be equal to or exceed top allow                                    |  |
| OIL WELL                                                                                                                                  | able for this d                                | epth or be for full 24 hours)  Producing Method (Flow, pump, gas lift)                                                                  | etc.)                                                                      |  |
| Date First New Oil Run To Tanks                                                                                                           | Date of lest                                   |                                                                                                                                         |                                                                            |  |
| Length of Test                                                                                                                            | Tubing Pressure                                | Casing Pressure                                                                                                                         | Chole Size                                                                 |  |
|                                                                                                                                           |                                                | Wassa Phila                                                                                                                             | GGS MCF CT 1 1967                                                          |  |
| Actual Prod. During Test                                                                                                                  | Oil-Bbla.                                      | Water-Bbls.                                                                                                                             | OIL COM. COM.                                                              |  |
|                                                                                                                                           | 1                                              |                                                                                                                                         | Disc. 3                                                                    |  |
| GAS WELL                                                                                                                                  | Kec                                            | eived 12-20-67 al                                                                                                                       | Ten.                                                                       |  |
| Actual Prod. Test-MCF/D                                                                                                                   | Length of Test                                 | Bbla. Condensate/MMCF                                                                                                                   | Gravity of Condensate                                                      |  |
| 3421 Testing Method (pitot, back pr.)                                                                                                     | 3 hrs. Tubing Pressure (shut-in)               | Casing Pressure (Shut-in)                                                                                                               | Choke Size                                                                 |  |
| Back Pressure                                                                                                                             | 778                                            | 778                                                                                                                                     | 3/4"                                                                       |  |
| VI. CERTIFICATE OF COMPLIAN                                                                                                               | NCE                                            |                                                                                                                                         | TION COMMISSION                                                            |  |
|                                                                                                                                           |                                                | APPROVED                                                                                                                                | 성이/<br>, 19                                                                |  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given |                                                | I a total Grand by From                                                                                                                 | Original Signed by Emery C. Arnold                                         |  |
| above is true and complete to the                                                                                                         | he best of my knowledge and belief.            |                                                                                                                                         |                                                                            |  |
|                                                                                                                                           | . 11                                           | TITLE SUPERVISOR                                                                                                                        | DIST WS                                                                    |  |
| 1 1 1 1 1 1                                                                                                                               | That (IK)                                      | This form is to be filed in c                                                                                                           | ompliance with RULE 1104.                                                  |  |
|                                                                                                                                           |                                                |                                                                                                                                         | able for a newly drilled or deepenedied by a tabulation of the deviation   |  |
| Donald C. Walker (Signature)                                                                                                              |                                                | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.               |                                                                            |  |
| Petroleum Engineer (Title)                                                                                                                |                                                | All sections of this form must be filled out completely for allowable on new and recompleted wells.                                     |                                                                            |  |
| October 9, 1967                                                                                                                           |                                                | 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. |                                                                            |  |
|                                                                                                                                           | Date)                                          | well name or number, or transporte                                                                                                      | er, or other such change of condition<br>be filed for each pool in multipl |  |
|                                                                                                                                           |                                                | Separate Forms C-104 must completed wells.                                                                                              | no strong tot onoti boas sit marrels.                                      |  |
|                                                                                                                                           |                                                |                                                                                                                                         |                                                                            |  |

PUBCO PETROLEUM CO.

AZTEC, NEW MEXICO

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