r - <b>j</b>								
NO. OF COPIES RECEIVED	<del>,                                    </del>							
DISTRIBUTION	<del>                                     </del>	NEW MEVICO OIL CONSTRUCTION COURT COLOR						
SANTA FE /	<del>-                                      </del>	REQUEST FOR ALLOWABLE					m C-104	2 104 . 10
FILE							persedes Old ( ective 1-1-65	104 and C
U.S.G.S.	AUTUO		AND					
LAND OFFICE	AUTHU	RIZATION TO TR	ANSPORT C	DIL AND NA	ATURAL (			
OIL /	<del>                                     </del>					de PUL	CO FETROL	
TRANSPORTER GAS /	+					FRGE	COE	
	+				_	*	ECILVE WAY	• -
PRORATION OFFICE	<del>                                     </del>				•	-15	FCY EN	EUL
Operator Operator							E	CO_
				_			***	. Asu
Address	<del> </del>	PUBCO PE	trolaim c	ORP.	·			1973 74
. mares		D 0 B	<b>5</b> 4-4	÷	_A . O			
Reason(s) for filing (Check proper	- 1	r.u. sax	P, Artec			410		
New Well	•		01	ther (Please e:		_		
		Transporter of:		From Pla	iteau, .	ncorpor	ated .	
Recompletion	Oil	Dry G	=					
Change in Ownership	Casinghea	d Gas Conde	ensate 🔀	<del></del>		PUBCO		
If change of ownership give nar	me				MER	GED INTO	MFSA DON	CON7
and address of previous owner			<del></del>			EFFECTIV	MESA PETRO	LEUM CO
							E MAY 1, 19	73
DESCRIPTION OF WELL A				· · · · · · · · · · · · · · · · · · ·	<del> </del>			····
Lease Name	1	Pool Name, Including F	r'ormation	1	ind of Leas			Lease No.
Johns	1	Blanco J	Hese verde	-84	Federo	1 man & ann		
Location								
	<b>1650</b> Feet From	n The <b>North</b> Li	ne and <b>1.65</b> (	0	Feet From	The	st	
Line of Section 18	Township 32 N			t, NMPM,	Feet From		n Juan	County
	Township 32 B	Orth Range	11 West		Feet From			County
DESIGNATION OF TRANSP Name of Authorized Transporter o	Township 32 R	Orth Range	11 West			8	и Лип	
DESIGNATION OF TRANSP	Township 32 R	Orth Range	AS Address (Gir	t, NMPM,  ve address to to	which appro	ved copy of the	in Juan	be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o	Township 32 B	Orth Range  AND NATURAL GA	AS Address (Gir	, NMPM,	which appro	ved copy of the	in Juan	be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Thland Corporation	Township 32 B	Orth Range  AND NATURAL GA	AS Address (Gir Address (Gir Address (Gir	ve address to to a ddress to to a ddress to to a ddress to to a ddress to a dd	which appro which appro	ved copy of the ston, Res	his form is to be the form is	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Inland Corporation Name of Authorized Transporter o El Paso Estural Gas	Township 32 B	Orth Range  AND NATURAL GA	AS Address (Gir P.O. Bo Address (Gir P.O. Bo	t, NMPM,  ve address to to	which appro	ved copy of the state of the st	his form is to be the form is	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o	Township 32 N PORTER OF OIL of Oil or Co. of Casinghead Gas  Company	AND NATURAL GAND NATURA GAND N	AS Address (Gir P.O. Bo Address (Gir P.O. Bo	ve address to a  xe 1528,  ve address to a  xe 290, 1	which appro	ved copy of the state of the st	his form is to be the form is	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Batural Ges If well produces oil or liquids, give location of tanks.	PORTER OF OIL And of Casinghead Gas Unit Sec.	AND NATURAL GAND NATURA GAND NA	AS Address (Gir P.O. Bo Address (Gir P.O. Bo Is gas actua	ve address to to the second se	which appro	ved copy of the state of the st	his form is to be the form is	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Batural Ges If well produces oil or liquids, give location of tanks.  If this production is commingled	PORTER OF OIL And of Casinghead Gas Unit Sec.	AND NATURAL GAND NATURA GAND NA	AS Address (Gir P.O. Bo Address (Gir P.O. Bo Is gas actua	ve address to to the second se	which appro	ved copy of the state of the st	his form is to be the form is	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA	Township 32 No PORTER OF OIL And of Casinghead Gas Unit Sec. Unit Sec. 18 d with that from any	AND NATURAL GAND NATURA GAND NA	AS Address (Gir P.O. Bo Address (Gir P.O. Bo Is gas actua	ve address to to the second se	which appro	ved copy of the state of the st	in Juan his form is to b  Mexico his form is to b  Mexico 8	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Batural Ges If well produces oil or liquids, give location of tanks.  If this production is commingled	Township 32 No PORTER OF OIL And of Casinghead Gas Unit Sec. Unit Sec. 18 d with that from any	AND NATURAL GARAGE OF DRY Gas Twp. Rge. 325 11W	AS Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua	ve address to	which appro	ved copy of the state of the st	in Juan his form is to b  Mexico his form is to b  Mexico 8	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA	Township 32 No PORTER OF OIL And of Casinghead Gas Unit Sec. Unit Sec. 18 d with that from any	orth Range  AND NATURAL GA  or Dry Gas  Twp. Rge.  321 11W  other lease or pool,  Well Gas Well	AS Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua	ve address to took 1528, ve address to took 990. If tilly connected?	which appro	ved copy of the state of the st	in Juan his form is to b  Mexico his form is to b  Mexico 8	be sent)  87401 be sent)
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete	Township 32 N  PORTER OF OIL  of Oil or Co  of Casinghead Gas   Unit Sec.  G 18  d with that from any  letion — (X)	orth Range  AND NATURAL GA  or Dry Gas  Twp. Rge.  321 11W  other lease or pool,  Well Gas Well	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua give commin	ve address to took 1528, ve address to took 990. If tilly connected?	which appro	ted copy of the state of the st	in Juan his form is to b  Mexico his form is to b  Mexico 8	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Compl Date Spudded	Township 32 N  PORTER OF OIL  of Casinghead Gas  Caspany  Unit Sec.  G 18  d with that from any  letion — (X)  Date Compl. Re	AND NATURAL GARAND NATURA GARAND NATU	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua give commin	ve address to	which appro	ted copy of the state of the st	is form is to be the form is t	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete	Township 32 N  PORTER OF OIL  of Casinghead Gas  Caspany  Unit Sec.  G 18  d with that from any  letion — (X)  Date Compl. Re	AND NATURAL GARAND NATURA GARAND NATU	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth	ve address to	which appro	ved copy of the con, Kerren en Plug Back P.B.T.D.	is form is to be the form is t	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Compl Date Spudded	Township 32 N  PORTER OF OIL  of Casinghead Gas  Caspany  Unit Sec.  G 18  d with that from any  letion — (X)  Date Compl. Re	AND NATURAL GARAND NATURA GARAND NATU	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth	ve address to	which appro	ved copy of the con, Kerren en Plug Back P.B.T.D.	is form is to be the form is t	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et	Township 32 N  PORTER OF OIL  of Casinghead Gas  Caspany  Unit Sec.  G 18  d with that from any  letion — (X)  Date Compl. Re	AND NATURAL GARAND NATURA GARAND NATU	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth	ve address to	which appro	ved copy of the con, Kerren en Plug Back P.B.T.D.	is form is to be the form is t	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et	PORTER OF OIL  Of Casinghead Gas  Cappeny  Unit Sec.  G 18  d with that from any  letion — (X)  Date Compl. Re	AND NATURAL GARAND NATURA GARAND NA	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to to the address to the	which appro	ved copy of the con, Kerren en Plug Back P.B.T.D.	is form is to be the form is t	be sent) 87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Taland Corporation Name of Authorized Transporter of El Paso Ratural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations	Township 32 No PORTER OF OIL And of Casinghead Gas Scapeny Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Rec. Co.; Name of Product	AND NATURAL GARAND NATURA GARA	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter o Taland Corporation Name of Authorized Transporter o El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et	Township 32 No PORTER OF OIL And of Casinghead Gas Scapeny Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Rec. Co.; Name of Product	AND NATURAL GARAND NATURA GARAND NA	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to to the address to the	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Taland Corporation Name of Authorized Transporter of El Paso Ratural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations	Township 32 No PORTER OF OIL And of Casinghead Gas Scapeny Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Rec. Co.; Name of Product	AND NATURAL GARAND NATURA GARA	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to	which appro	Plug Back P.B.T.D. Tubing Dep	is form is to be the form is t	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Taland Corporation Name of Authorized Transporter of El Paso Ratural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations	Township 32 No PORTER OF OIL And of Casinghead Gas Scapeny Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Rec. Co.; Name of Product	AND NATURAL GARAND NATURA GARA	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Taland Corporation Name of Authorized Transporter of El Paso Ratural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations	Township 32 No PORTER OF OIL And of Casinghead Gas Scapeny Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Rec. Co.; Name of Product	AND NATURAL GARAND NATURA GARA	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Taland Corporation Name of Authorized Transporter of El Paso Ratural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations  HOLE SIZE	Township 32 No PORTER OF OIL And of Casinghead Gas Secure 18 Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Reserved to Sec. j Name of Production Sec. j Name of Production Casing	AND NATURAL GAND NATURA GAND	AS  Address (Gin P.O. Be Address (Gin P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	t , NMPM,  ve address to to  ax 1528,  ve address to to  ax 990, If  all y connected to  gling order no  Workover  S Pay  NG RECORD  DEPTH SET	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Thland Corporation Name of Authorized Transporter of El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations  HOLE SIZE	Township 32 No PORTER OF OIL And of Casinghead Gas Secure 18 Unit Sec. G 18 d with that from any letion — (X)  Date Compl. Reserved to Sec. j Name of Production Sec. j Name of Production Casing	AND NATURAL GAND NATURA GAN	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas	ve address to to the state of total volume	which appro	Plug Back P.B.T.D. Tubing Dep	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Thland Corporation Name of Authorized Transporter of El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL	PORTER OF OIL AND OF CONTROL OF CASING  CASING  T FOR ALLOWAE	AND NATURAL GAND NATURA GAN	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas  D CEMENTIN  after recovery of epth or be for f	ve address to to the state of total volume full 24 hours)	which appro arraing	Plug Back P.B.T.D. Tubing Deg	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Thland Corporation Name of Authorized Transporter of El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations  HOLE SIZE	PORTER OF OIL AND OF CONTROL OF CASING  CASING  T FOR ALLOWAE	AND NATURAL GAND NATURA GAN	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas  D CEMENTIN  after recovery of epth or be for f	ve address to to the state of total volume	which appro arraing	Plug Back P.B.T.D. Tubing Deg	Same Resty	87401 be sent) 7401
DESIGNATION OF TRANSP Name of Authorized Transporter of Thland Corporation Name of Authorized Transporter of El Paso Estural Gas If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded  Elevations (DF, RKB, RT, GR, et Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL	PORTER OF OIL AND OF CONTROL OF CASING  CASING  T FOR ALLOWAE	AND NATURAL GAND NATURA GA	AS Address (Gir P.O. Be Address (Gir P.O. Be Is gas actua  New Well  Total Depth  Top Oil/Gas  D CEMENTIN  after recovery of epth or be for f	ve address to to the second se	which appro arraing	Plug Back P.B.T.D. Tubing Deg	Mexico his form is to be Mexico his form is to	87401 be sent) 7401

Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbls.	Water - Bbls.	Gas-MCF	
7	ubing Pressure	Tubing Pressure Casing Pressure	

**GAS WELL** 

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

TITLE

## 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 Fore

(Title)

September 24, 1968

(Date)

OIL CONSERVATION COMMISSION

SEP 26, 1968 APPROVED\_ By Original Signed by Emery C. Arnold SUPERVISOR DIST. #5

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.

