NO. OF COPIES REC	EIVED	İ	
DISTRIBUTI		17	
SANTA FE	1/		
FILE	1	~	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR	4		

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE		AUTHO	NEW MEXICO OIL REQUEST DRIZATION TO TR	FOR AL AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	110			
	Operator SCUTTY AND RO	YALTY	COMPANY	,						٦
	P. O. Drawer 570, Reason(s) for filing (Check prope	Farmin	igton, N	lew Mexico 874	101	Other (Pleas	se explain)			
	New Well Recompletion Change in Ownership		Oil	mage in Transporter of: Dry Gas Singhead Gas Condensate						
				& Gas Company,	P. O.	Drawer 5	570, Farmi	ngton,	New Mexico 8740	
11.	DESCRIPTION OF WELL A	ND LE		Pool Name, Including F	crmation		Kind of Lease	•	Lease No.	
	Pierce Location		#3	Blanco P	ictured	Cliff	State, Federal	er Fee	Federal SF-07813	- :
	Unit Letter '0;	850 Townsh		n The South Lin	ne and	1650	Feet From T	The	East Son Juan	
						, 1410.5-1	л,		San Juan County	J
	DESIGNATION OF TRANSF Name of Authorized Transporter of	of O11	or Co	indensate [Address				this form is to be sent)	
	Name of Authorized Transporter of Southern Union Gatl	٠	or Dry Gas 🏋	÷		n Tower,		this form is to be sent; Texas 75201	1	
	ti we', no impes onlice needs, give location of tanks.	Uni		Twp. Rge.	18 0.45 %0	tually connect	ted? Whe	n	, ICK43 /3201	1
Ĺ	If this production is commingle	d with th	at from any	other lease or pool.	give comm	ningling orde	r number:			
	COMPLETION DATA			i Well Gas Well	New Well	Workover	Deepen	Plug Bar	ck Same Resty. Diff. Resty.	ר
	Designate Type of Comp				! !) 	1 149 240 1	Same resv. Dir. Resv.	
	Date Spudded	Dat	te Compl. Re	eady to Prod.	Total De;	oth		P.B.T.D	•	
-	Elevations (DF, RKB, RT, GR, et	c., Ner	ne of Produc	ling Formation	Top O11/0	Gas Pay		Tubing E	Pepth	1
Perforations					<u> </u>			Depth: Co	ising Shoe	
TUBING, CASING, AND						ING RECOR	₹D		· · · · · · · · · · · · · · · · · · ·	-
HOLE SIZE CASING & TUBING SIZE						DEPTHS			SACKS CEMENT	
-										
		i i				-				-
니 7. 1	TEST DATA AND REQUEST	r FOR A	ALLOWAE	BLE (Test must be a	i . 	y of total volu	me of load oil a	nd must be	r equal to or exceed top allow-	Ì.
_(DIL WELL Date First New Oil Run To Tanks		e of Test	able for this de	per or be jo	r full 24 hours	v, pump, gas lift			1
	Length of Test	Tub	ing Preseur	•	Casing Pr			Choke Si	ze .	
-	Actual Prod. During Test	Cil	Cri-Bbis.			Water-Bhis. Gae-MC		Gae-MCI	CF *	
'_		!			<u>t</u>					ļ . 94
_	GAS WELL Actual Prod. Test-MCF/D	Len	gth of Test		Bbis. Con	densete/MMC	N 12 10-1	Gravity o	f Condensate	i.
-	Testing Method (pitot, back pr.)	Tub	ing Dressure	(Shut-in)		LIO de mece	CON COM	Cheke Si		,1
				(01ST. 3			15
I. C	CERTIFICATE OF COMPLI	ANCE				OIL	ONSERVAT	FION CO 1121	омміssіон 978	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED, 19							
above is true and complete to the best of my knowledge and belief.										
200 Simples					This form is to be filed in compliance with RULE 1104.					
					If this is a request for allowable for a newly drilled or despense					
_	المجمع من المجاهد الم					well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AUCE 111.				
(Title)				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.						
(Date)										