NO. OF COPIES RECEIVED		1 <	5	
DISTRIBUTION				
SANTA FE		1		
FILE		1	_	
U.S.G.S.		i		
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	17		
OPERATOR		17		
PROBATION OFFICE				

August 2, 1979

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIES

Form C-	104		
Supersed	les Old C-104	and	C-111
Filection			

	FILE		AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	CAS				
	LAND OFFICE		MAISI ON TOIL AND NATURAL	GAS				
	TRANSPORTER OIL 1							
	OPERATOR GAS		•	451 55 615 666				
I	PROBATION OFFICE			AP1 30-045-23372				
	Operator							
	Address	thland Royalty Company						
	P. O. Drawer 570, Fa	armington, New Mexico 87	401					
	Reason(s) for filing (Check proper							
	New We!1	Change in Transporter of:						
	Recompletion Change in Ownership	Oil Dry Casinghead Gas Cond	Gas densate					
		Casinghead Gas Conc	densate					
	If change of ownership give name and address of previous owner	2						
11	DESCRIPTION OF WELL AN	DIFACE						
	Lease Name	Well No. Pool Name, Including	Formation Kind of Lease Lease No					
				aDor Fee SF-077648				
	Unit Letter D : 1090 Feet From The North Line and 1100 Feet From The West							
	Unit Letter U ; 10	90 Feet From The <u>north</u> L	ine and 1100 Feet From	The West				
	Line of Section ]]	Township 31N Range	12W , NMPM, San	Juan County				
111	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	SAC					
•••	Name of Authorized Transporter of (		Address (Give address to which appro	oved copy of this form is to be sent)				
	Plateau, Inc.		4775 Indian Sch. Rd, A	lbuguerque, New Mexico				
	Name of Authorized Transporter of C Southern Union Gathe		Address (Give address to which appro					
		Unit Sec. Twp. Ege.	P.O. Box 1899, Bloomfi	eid, New Mexico 8/413				
	If well produces oil or liquids, give location of tanks.		No					
	If this production is commingled	with that from any other lease or pool	, give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Complete		X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	4-13-79	6-27-79	2979'	2949'				
	Elevations (DF, RKB, RT, GR, etc., 6219' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2774'	Tubing Depth				
	Perforations	Trecured office	2//4	Depth Casing Shoe				
	2774' - 2870'			2970'				
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12-1/4" 6-3/4"	8-5/8" 2-7/8"	142'	410 sxs				
	6-3/4	2-1/8"	2970'	312 sxs				
v	TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed ton allow-				
• •	OIL WELL		lepth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)				
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	2014.11 01 7001			1 / ( ) ( ) ( ) ( ) ( ) ( ) ( )				
j	Actual Prod. During Test	Oil-Bbla.	Water - Bble.	Gar-MCF				
Į				6 1979				
	GAS WELL			AUG COM. COM.				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity O Condensis.				
	324 MCfD							
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in) 550#	Choke Size				
<u>.</u> ,•	Pitot	YOP.	A	TION COMMISSION				
VI.	CERTIFICATE OF COMPLIAN	NCE	ALIC O C	TION COMMISSION				
]	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED					
(	Commission have been complied	with and that the information given best of my knowledge and belief.	By Original Signed by A. R. Kendrick					
•	and complete to th		TOWARD TO DESCRIPT	要() ·				
		/ / /	TITLE					
- C	6/		This form is to be filed in c					
\	/ Un	nature)	well this form must be accompan	able for a newly drilled or despended iied by a tabulation of the deviation				
	District Production	7 / >	tests taken on the well in accordance	dance with RULE 111.  It be filled out completely for allow-				
-		itle)	All sections of this form mul	lia.				

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.