NO. OF COPIES RECE	16			
DISTRIBUTION				
SANTA FE		1		
FILE				
U.S.G.S.				
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL			
	GAS			
OPERATOR	3			
PROBATION OF				
Operator				
WTR Oil Company				

SANTA FE	1	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Elfective 1-1-65
U.\$.G.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	GAS
LAND OFFICE			
IRANSPORTER GAS			
PROPATION OFFICE			
Operator WTR Oil Company			
P.O. Drawer LL, Cor	tez, Colorado 81321		
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New We!l	Change in Transporter of: Oil Dry Ga	s []	
Change in Ownership	Casinghead Gas Conder	sate	
If change of ownership give nam and address of previous owner	e Getty Oil Company, P.	O. Box 3360, Casper, Wy	oming 82602
I. DESCRIPTION OF WELL AN	ND LEASE. Well No. Pool Name, Including F	ormation Kind of Leas	Federal Lease No.
Navajo "P"	5 Many Rocks G	allup State, Federa	11 or Fee 14-20-600-3540
Location Unit Letter N ;	1980 Feet From The West Lin	e and 660 Feet From	The South
Line of Section 35	Township 32N Range	17W , NMPM, San	Juan
I. DESIGNATION OF TRANSPORTED OF Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
Shell Pipeline Corp		P.O. Box 1588, Far	mington N.M 87401
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
and the standards	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen
If well produces oil or liquids, give location of tanks.	C 34 32N 17W		
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comp	etion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, et	C.) Name of Producing Formation	1 op On/ Gas Pay	Tubilg Dapin
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TO TO ALL OWARD F. (Tout must be	often recovery of total valume of load of	l and must be equal to or exceed top allow
V. TEST DATA AND REQUES OIL WELL	able for this d	Producing Method (Flow, pump, gas	
Date First New Oil Run To Tank	Date of Teet	Producting Method (1 tow, pamp, gas	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gae - MCF
Actual 1 100 o o o o			
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
Learning tolerance (based) according			
VI. CERTIFICATE OF COMPLIANCE			7ATION COMMISSION 12 1979
a talan basa basa samal	and regulations of the Oil Conservation ied with and that the information given to the best of my knowledge and belief	Original Signed	by A. R. Mendrick
7		TITLESUPERV	
		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.	
Sames VIII	Gienatura		
1 ca about	M. J.	tests taken on the well in acc	must be filled out completely for allow
Sept. 11 1979 (Date)		able on new and recompleted	TI THE AND WI for changes of owner
		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	
•		Separate Forms C-104 m completed wells.	der na med in egen han megrib.

HO. OF COPIES SEC		
DISTRIBUTE	ON	
SANTA FE		
FILE		
U.\$.G.5.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

(Luie)

DISTRIBUTION SANTA FE REQUEST FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-116	
	U.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS	
1.	OPERATOR PRORATION OFFICE Operato:				
	WTR OIL COMPANY				
	Drawer LL, Cortez, Reason(s) for filing (Check proper box New We!)		Other (Please explain)		
	Recompletion Change in Ownership If change of ownership give name	CII X Dry Ga Casinghead Gas Conden			
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fe	ormation Kind of Lea	se Federal Legse No.	
	Navajo "P"	80 Feet From The West Lin	((0)	ral or Fee 14-20-600-3540	
		rect flow the	ne and 660 Feet From	The South	
	Line of Section 35 To	wmship 32N Range]	17W , NMPM, San	Juan County	
111.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Agaress (Give address to which appr	roved copy of this form is to be sent)	
	Ciniza Pipe Line, Name of Authorized Transporter of Ca			field. New Mexico 87413 roved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. C 34 32N 17W	Is gas actually connected?	îhen .	
	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	on - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			i		
	TEST DATA AND REQUEST F	able for this de	fier recovery of sotal volum <mark>e of load o</mark> pih or be for full 24 hours)	il and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lifi, etc.)	
	Length of Test	Tubing Pressure	1 Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bel.	Water-Bule.	Gd -MCF	
			······································		
	GAS WELL	The same of Table	Bz.s. Concensore/MMCF	France (S)	
	Actual Prod. Test-MCF/D	Length of Test		Gravity of Condensate	
	lesting Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Corto, Pressure (Shut-15)	Choke Size	
	CERTIFICATE OF COMPLIAN		APPROVED	259059mmission	
I hereby certify that the rules and regulations of the C.I. Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed by FRANK T. CHAVEZ		
			TITLE SUPERVISOR D	ISTRICT	
	Y so I			s compliance with MULE 1104.	
-		10 20 Ag	ol well, this tord must be accomp	owable for a newly drilled or despended panied by a tabulation of the designion	
	Office Manager	•	All sections of this form :	rost be filled out completely for allow-	
	8-24-5	ule,	able on new and recompleted wells. Full cut only Sections I III and VI for changes of owner.		

Fill cur only Sections I. II III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Sepalate Forms C-104 must be filed for each pool in multiply