NO. OF COPIES REC	15		
DISTRIBUTION			
SANTA FE	T		
FILE	1	4	
U.S.G.S.	1		
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR	2	F	
PRORATION OF			

11.

III.

IV.

		<del> </del>										
DISTRIBUTION			NEW MEXICO OIL CO				ONSERVATION COMMISSION			m C-104		
SANTA FE /								FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.		<del>                                     </del>	L				AND				active 1-1-02	
LAND OFFICE		+		AUTH	ORIZATI	юн то т	RANSPORT	FOIL AND I	NATURAL G	AS		
TRANSPORTER	OIL GAS	1										
OPERATOR	1	2										
PRORATION OF	FICE											
Operator				_	<u> </u>				· • • • • • • • • • • • • • • • • • • •	•		
Address				<del>-</del>								
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XOOK	XX.	(DEXX	l Build KNOWX	ing - X <b>XCOX</b>	Tulsa,	Oklahom OxadixXX	74101 <b>0202</b>	3			
Reason(s) for filing	(Check p	oroper	box)		_	_		Other (Please	e explain)			
New Well Recompletion	H			Change i	n Transpor	<b>.</b>	Gas					
Change in Ownershi	, H			Casinghe	ad Gas	<b>-</b>	ndensate	EFF	ECTIVE MAI	RCH 1, 1	1967	
								<u> </u>				J
If change of owners and address of pres			ne 									
DESCRIPTION O	ie wet	T A1	NDIE	ACE								
Lease Name	F WEL	<u>ili A</u>	ND LE		Pool Nan	ne, Includin	g Formation	, , , , , , , , , , , , , , , , , , , ,	Kind of Lease			Lease No.
Navajo		<del></del> -		4	MAG	XXXXX	<b>Kitch</b>		State, Federal	or Fee T	ribal	
Location			112	و	/	1. 41		1712		E a	A	
Unit Letter			430	C Feet Fro	om The <u>y</u>	auch	Line and	17/6	Feet From T	he	<u> </u>	
Line of Section	14		Townsh	nip 32N		Range	18w	, имрм	, \$	ian Juan	<u>.                                    </u>	County
DESIGNATION O  Name of Authorized					AND NA			(Give address t	to which approve	ed copy of th	is form is to	be sent)
THE PERM				<del>-</del>			i		119, MIDL			701
Name of Authorized					or Dr	y Gas 🗌	Address	(Give address t	to which approve	ed copy of th	is form is to	be sent
Gas being	g vent	ed.				- · · · · · · · · · · · · · · · · · · ·						
If well produces oil give location of tank		s,	¦ Ur	nit ¦Sec	Twr	Rge.	Is gas ac	tually connecte	ed? When	ı		
			1 149 49			<u>`</u>		No				
If this production is COMPLETION D		ngred	with t		_	ease or po	oi, give com	ningling order	number:			
Designate Ty	ne of C	ompl	etion -		Oil Well	Gas Well	l New Well	Workover	Deepen	Plug Back	Same Res'	v. Diff. Res'v.
Date Spudded				ate Compl. I	Ready to P	rod.	Total De	pth		P.B,T.D.		<del></del>
Date opadada				.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1313	<b></b>		,		
Elevations (DF, RK	B, RT, G	R, et	e., No	ame of Prod	ucing Form	ation	Top Oil/	Gas Pay		Tubing Dep	th	
										5 0 6		
Perforations										Depth Casi	ng Shoe	
<del></del>					TUBING.	CASING. A	ND CEMEN	TING RECOR	.D			
HOLE	SIZE				& TUBI	····		DEPTH SE		S	ACKS CEME	ENT
	-											
TEST DATA ANI	D REQ	UEST	r FOR	ALLOWA	BLE (	Test must b	e after recove	ry of total volu	me of load oil a	nd must be e	aual to or ex	ceed top allow-
OIL WELL						able for this	depth or be f	or full 24 hours	ソ <sub></sub>		CAH	· · · · · · · · · · · · · · · · · · ·
Date First New Oil	Run To	Tanks	Do	ate of Test			Producin	g Method (Flou	, pump, gas lift	elce)	rived	
Length of Test			Ti	ubing Press	ль		Casing P	ressure		Chart enza	<u> </u>	$\rightarrow$
•										au	131967	
Actual Prod. During	Test		01	il-Bbls.			Water - Bi	bls.		Gas - Mar	CON. CO	)M·/
								·		JOIL	DIST. 3	
GAS WELL												
Actual Prod. Test-	MCF/D		Le	ength of Te	st		Bbls. Co	ndensate/MMC	F	Gravity of	Condensate	
Testing Method (pit	ot, back	pr.)	Tu	ubing Press	we (Shut-	-in)	Casing P	ressure (Shut	-in)	Choke Size		
CERTIFICATE (	TE CO	101	ANCE			···		OII (	CONSERVA	TION CO	MMISSION	
CERTIFICATE	or con	nr Li	ANCE					MA	1D 13 433	7		
I hereby certify the							on APPR	OVED	<u> </u>	<del>3</del>	<del>- Kron</del> tol	9
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				en By O	By Original Signed by Emery C. Arnold							
7	11			<i>.</i>	_		11		RVIGOR DIS			
/ <b>/</b>				M	Al		- !!			••		440:
			A	v M	7				be filed in co			
(Signature)						well, t	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					

R. E. Kierig, Secretary

2/23/67

(Title)

(Date)

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.