Fice		AND	cliective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	AND RANSPORT OIL AND NATURA	
LAND OFFICE		MANUS ON FOIL AND NATURA	L GAS
IRANSPORTER OIL			
GAS OPERATOR			
PROPATION OFFICE			
Operator			
General Operating Com	pany		
Address	1	1	
	ank Building, Fort Wort		
Reason(s) for filing (Check proper be	•	Other (Please explain)	
Recompletion	Change in Transporter of: Oil Dry	CASINGHEAD	CAS MUST NOT BE
Change in Ownership		Gas LANEUAFTS densate UNLEYAAA	2 10/4/16
		E USTAINED.	ACEPTION TO R-4076
If change of ownership give name and address of previous owner		-	
	Thurst.	minerous of the	- R-5309
II. DESCRIPTION OF WELL AND Legae Name	Well No. Pool Name, Including	Formation Kind of L.	ed se
Federal CST	2 Watkins Gr	State, Fee	lergi or Fee Federal NM2300
Location			111230
Unit Letter J ; 16	50 Feet From The South	Line and 2310 Feet Fro	om The East
31	189		
Line of Section 31 T	ownship 185 Range	32Е , ммрм,	Lea Coun
I. <u>DESIGNATION OF TRANSPO</u>	TER OF OU AND NATIONS	CAS	
Name of Authorized Transporter of C	11 X or Condensate		proved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company		P. O. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which ap	proved copy of this form is to be sent)
			_
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	Is gas actually connected?	When
			_
If this production is commingled v  COMPLETION DATA	with that from any other lease or poo	ol, give commingling order number:	<u>-</u>
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Re
Designate Type of Complet	X	X	
Date Spudded 3-1-76	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	4-24-76  Name of Producing Formation	4264' RKB	4204' RKB
3672' GR, 3682' RKB	Yates-Seven Rivers-Que	Top Oil/Gas Pay en 3014 RKB	Tubing Depth
	21-721 and 21021 001 p	JULY TOTAL	SN 3727 RKB
- Seven Rivers	s, and 3651'-62' RKB - 0	KB - Yates, 3570'-80' R	4264 RKB
		ND CEMENTING RECORD	4204 RAD
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	538' RKB	300 sacks
7-7/8"	5-1/2" OD	4264' RKB	400 sacks
	2-3/8" OD	SN @ 3727' RKB	None
'. TEST DATA AND REQUEST	FOR ALLOWARD C.		
OIL WELL		after recovery of total volume of load ( depth or be for full 24 hours)	oil and must be equal to or exceed top ai
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
5-2-76	5-5-76	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours Actual Prod. During Test	Pumping Oil-Bble.	20 psi	None
54 BF	7	Water - Bbie.	Gae • MCF
		47	9(Estimated)
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>	
. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION
T handhu an-tifu that it a star to		APPROVED	
Commission have been complied	regulations of the Oil Conservation with and that the information give	n /	1916/
above is true and complete to the	se best of my knowledge and belief	6 BY The	May Cus
		TITLE	And the trans
A			

(Signature) C. W. Stumhoffer Agent (Title) August 22, 1976 (Date)

C. W. Stim

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 allow able 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