NO. OF COPIES RECI	EIVED	į	
DISTRIBUTION			
SANTA FE			1/
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

	DISTRIBUTION	NEW MEXICO OU	CONCERNATION COMMISSION	_				
	SANTA FE		CONSERVATION COMMISSION	Form C - 104				
	FILE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65				
	U.S.G.S.		AND					
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (	GAS				
	<del> </del>							
	TRANSPORTER OIL							
	GAS							
	OPERATOR							
I.	PRORATION OFFICE							
	Operator							
	S.E.C. Corporation			•				
	Address							
	P. O. Box 9737, El Pa	iso, Texas 79987						
	Reason(s) for filing (Check proper bo	ox)	Other (Please explain)					
	New Well	Change in Transporter of:	•					
	Recompletion	Oil Dry G	as X					
	Change in Ownership	Casinghead Gas Conde	ensate CO2 Gas					
	If change of ownership give name							
	and address of previous owner							
**	DESCRIPTION OF WHITE							
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F						
	Mitchell	16 South Bueyero	ALA	E Lease No.				
		300111 Bueyero	State, Federa	ol or Fee Fee				
	Location							
	Unit Letter / J ; 19	P80 Feet From The South Li	ne and 1980 Feet From	The East				
	Line of Section 5 T	ownship 18N Range	30E , NMPM, H	farding County				
III.	DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	AS					
-	Name of Authorized Transporter of O	Il or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)				
	None	<del>-</del>		.,				
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	and conv of this form is to be cont.				
		,		,				
	S.E.C. Corporation	Unit Sec. Twp. Rge.	P. O. Box 9737, El Paso					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	•	en				
	give location of tanks.		Yes	5/8/75				
	If this production is commingled w	rith that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA							
	Dani-mata Tama of Camba	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Complet	X	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	4/2/75	4/23/75	2060'	2030'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	4397 KB	Ab0	1888'	2005'				
	Perforations			Depth Casing Shoe				
	1889-95', 1920-30', 1	1889-95', 1920-30', 1960-65', 2005-15'		2059'				
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		8 5/8"	164'	100 Common				
	7 7/8"	4 1/2"	2059'	525 Pozmix				
-								
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-				
	OIL WELL		epth or be for full 24 hours)	and made of equation of except top unique				
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	ft, etc.)				
Ì	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
I,		<u> </u>		J				
	GAS WELL							
г	GAS WELL Actual Prod. Test-MCF/D	Length of Test	I Phile Court					
	• •	1 -	Bbls. Condensate/MMCF	Gravity of Condensate				
	1,536	24 Hr.						
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Ĺ	Back Pr.	565 psig	565 psig	2"				
VI.	CERTIFICATE OF COMPLIAN	ice	OIL CONSERVA	TION COMMISSION				
			11					
	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 7/14, 1975 BY Carl Wog					
	Commission have been complied	with and that the information given						
	above is true and complete to the best of my knowledge and belief.		BY Carl Wood					
			TITLE SENIOR PETROLEUM GEOLOGIST					
			TITLE CANON SERVELLAM DEGLEGATO					
	Manager-Technical Services  (Title)		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 allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner.					
-								
-	/ - / /	ate)						
	( Description )		well name or number, or transporter, or other such change of condition.					

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.