ſ	NO. OF COPIES RECEIVED	1			
	DISTRIBUTION				
1	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE / C	REQUEST	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS SEPTI	
	LAND OFFICE				
	TRANSPORTER OIL /			OLIVEN	
	GAS			APRIDE	
	OPERATOR 3			Ou = 91967	
1.	PRORATION OFFICE Operator		·	ON CON	
	Walker Bros. Oil	Company		DIST. 3	
	Address	dress			
	P.O. Box 776, Du	rango, Colorado 81301			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Complying wit	h NMOCC Order	
	Recompletion	Oil Dry Gas	° ├ No. R-3170		
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name				
	and address of previous owner				
П	DESCRIPTION OF WELL AND I	FASE			
•	Lease Name	Wall Ma Deal Mana Including Fe	ormation Kind of Leas	Lease No.	
	Santa Fe	3 South Hospah	Lower Oil Sand State, Feder	al or Fee F88	
	Location				
	Unit Letter 2 66	O Feet From The North Line	e and 660 Feet From	The West	
		7 <i>7</i> 81 0 1	W . NMPM. MCK1	nlav	
	Line of Section 7 Tow	mship 17N Range 8	, NMPM, MCh1	TILBY County	
	DECICNATION OF TRANSPORT	CED OF OUL AND MATURAL CA	6		
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	Shell Oil Company		P.O. Box 1588, Farmi	ngton, New Mexico	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	,	hen	
	give location of tanks.	D 7 17N 8W	None produced		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	ot commingled	
IV.	COMPLETION DATA	Oti Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completio		X		
	Date-Opuded RECOMPLETION		Total Depth	P.B.T.D.	
	began 3-15-67	3-20-67	15 7 2		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6924 KB	Gallup ss	1568	1550	
	Perforations	0 1500		Depth Casing Shoe	
	Open hale 1568 - 1572				
		T	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT	
		See original C-104 fi	led July 6, 1965		
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift ato 1	
	Date First New Oil Run To Tanks	3-20-67	Producing Method (Flow, pamp, gas	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs	C	0	2#	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
	33 BBLS	33 88LS	0	Nil	
i		<u> </u>			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Control Description	Chaha Stra	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED		
			BOriginal Carallina to 12 arnold		
	Commission have been complied w	with and that the information given		Servid	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	with and that the information given	Original Street	er v 11. Errold	
	Commission have been complied w	with and that the information given	sovicinal States and the states are the states and the states are	er v 11. Errold	
	Commission have been complied w	with and that the information given	BOTIGING! SUPERS	er v 11. Errold	

(Signature)

(Title)

(Date)

Secretary

4-18-67

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.

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.

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.



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