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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Henry S. Birdseye  
Address  
P. O. Box 537; Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well: ☒ Change in Transporter of:  
Recompletion: ☐ Oil: ☐ Dry Gas: ☐  
Change in Ownership: ☐ Casinghead Gas: ☐ Condensate: ☐  
Other (Please explain)

If change of ownership give name and address of previous owner This is a change in the name of the operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Santa Fe Pacific	122	Chaco Wash Mesaverde	State, Federal or Fee Fee	
Location Unit Letter N; 990 Feet From The South Line and 1980 Feet From The West Line of Section 22 Township 20N Range 9W, NMPM, McKinley County County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
N. A.						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	22	20N	9W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/10/75	4/3/75	484						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6511 GR	Menefee	460'	463'					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 1/2	4 1/2 10.50#	459' BGL	25
2 3/8 EUE	4.7#	463' BGL	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/3/75	4/3/75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	0	0	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	18	50	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Emery C. Arnold  
(Signature)

President

(Title)

6/11/75

(Date)

JUN 12 1975  
OIL CONSERVATION COMMISSION  
APPROVED  
Original Signed by Emery C. Arnold  
BY  
TITLE SUPERVISOR DIST. #3

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, well name or number, or transporter, or other such change of condition.

Number of hauls	<i>P. setiferus</i> (%)	<i>P. setiferus</i> + <i>P. setiferus</i> + <i>P. setiferus</i> (%)
1	10	5
2	35	10
3	65	15
4	85	18
5	95	20
6	100	22
7	100	23
8	100	24
9	100	25
10	100	26