Separate Forms C-104 must be filed for each pool in multiply stated wells.

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER	REQUEST F	INSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	OPERATOR 2 PRORATION OFFICE Operator			
	Sherman F. Wagenseller Address 170 South Severly Drive	. Severly Hills, Cel.	Other (Please explain)	
	Reason(s) for filing (Check proper box)  New Well  Hecompletion  Change in Ownership	Change in Transporter of:  Ci: Dry Gas  Casinghead Gas Condens		
	f change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LI Lease Name	Well No. Pool Num	ne, Including Formation	Kind of Lease State, Federal or Fee Fed.
	Pubco Apache IEE	2 South	n Blanco Ictured Clift	bidie, reddia. er ras
	Unit Letter <u>6</u> : 185	Feet From Theine	e and Feet From	: The
	Line of Section 16 , Town	ship <b>234</b> Range <b>2</b>	, NMPM, Rio	Arribe County
III. 	DESIGNATION OF TRANSPORTING Name of Authorized Transporter of Oil	er of oil and natural ga	S Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Casir	aghead Gas or Dry Gas		roved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Forming ton Man Mack Is gas actually connected?	When
	give location of tanks.		nive commingling order number:	
IV.	If this production is commingled with COMPLETION DATA		New Well Workover Deeper.	Flug Back Same Restv. Diff. Restv.
	Designate Type of Completion	311	X	'
	Date Spaced	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
	<b>5-10-65</b> Fool	7-5-65 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	South Blanco Perforations	Pigtured Cliffs	3096	Depth Casing Shoe
	2 SPF 3102 - 3120		CEMENTING BECORD	3133
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4	8 5/8	101	60
	7 7/8	4 1/2	3133	109
		2 3/8	3094	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Fressure	Choke \$22
		Oil-Bbls.	Water-Bbls.	Gas Man Lull Lu
	Actual Fred. During Test			JUL 1 5 1965
				CON. COM.
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Congastit. 3
	2,381	3 hrs	Casing Pressure	Choke Size
	Testing Method (pitot, back pr.)  Choke THC	Tubing Fressure	959	3/4
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION
	I hereby certify that the rules and r Commission have been complied to the	ith and that the midination given	APPROVED JUL 15 1965  A. R. KENDRICK  BY A. R. KENDRICK	
	Original Signed by  NORRIS B. JONES (Signature)		TITLE PETROLEUM ENGINEER DIST. NO. 3  This form is to be filed in compliance with RLLE 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.	
	Engineer (Ti	tle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
	7-12-65			

7-12-65 (Date)