1.	Address	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 AL GAS
	Reason(s) for filing (Check proper box New We!) Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry G	Other (Please explain)	
II.	1.5	Well No. Pool Name, Including F	State, Fo	ederal or Fee Indian 77
111.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Car Southern Union Gas Co	singhead Gas or Dry Gas 🏡	Address (Give address to which a P. O. Box 108, Farm	approved copy of this form is to be sent) nington, New Mexico 87401 approved copy of this form is to be sent) omfield, New Mexico 87413
IV.	COMPLETION DATA Designate Type of Completion		New Well Workover Deeper	
į	B-22-74 Elevations (DF, RKB, RT, GR, etc.) 6839 GL Perforations	Name of Producing Formation Dakota	Total Depth 6890 * Top Oil/Gas Pay 6655 *	P.B.T.D. 6810* Tubing Depth Depth Casing Shoe
	6655-90' x 2 SPF HOLE SIZE 12-1/4" 7-7/8"	TUBING, CASING, AN CASING & TUBING SIZE 8-5/8" 4-1/2"	D CEMENTING RECORD DEPTH SET 410' 6890'	SACKS CEMENT 400 sx 1st stage 460 sx;
v.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test 2nd stage .1250 sx			
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbis.	Choke Size Gas-MCF
	Actual Prod. Test-MCF/D Not completed	sion to test flow into S	Bbis. Condensate/MMCF	mpany's sales line. Gravity of Condensate
	Testing Method (pitot, back pr.) Tubing Pressure (shut-in) CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 2 2 1974 APPROVED OF SIZE	
	Commission have been complied w	egulations of the Oil Conservation with and that the information given theat of my knowledge and belief.	Original Signous	STATE OF THE STATE

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.

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DIST. #3

TITLE .

Mon

(Signature)

(Title)

(Date)

Area Administrative Supervisor

October 21, 1974

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.