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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		<u> </u>
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS

Morris B. Jones, Engineer

DISTRIBUTION		CONSERVATION COMMISSION	Form C-104	
SANTA FE /	REQUEST	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and Effective 1-1-65		
FILE	AUTHORIZATION TO TO	AND	CAS	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS	
OIL				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE			<u> </u>	
Operator WAGENSELLER AND AU	EUST			
Address				
	Drive, Beverly Hills, Cal	•		
Reason(s) for filing (Check proper in Mew Well	box) Change in Transporter of:	Other (Please explain)		
New Well Recompletion	oi: Dry G	as		
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL AN	D LEASE Well No.   Pool N	ame, Including Formation	Kind of Lease	
Mobil Apache #159		uth Blanco-Pictured Cli	ffstate, Federal or Fee Fed.	
Location				
Unit Letter # ; 1	850   Feet From The N Li	ine and <b>790</b> Feet Fro	m The	
•	. 994 -	2V , NMPM, Ric	Arribe County	
Line of Section ,	Township 23N Range	ZW , NMPM, RIC	AFFIDE	
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which app	proved copy of this form is to be sent)	
		A three Cine address to which an	proved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	l .		
EPNG	Unit Sec. Twp. Rge.	Farmington, New Mexi	When	
If well produces oil or liquids, give location of tanks.	i i i	No		
	with that from any other lease or pool			
If this production is commingled. COMPLETION DATA				
Designate Type of Comple		New Well Workover Deeper	Plug Back   Same Restv. Diff. Res	
	Date Compl. Ready to Frod.	Total Depth	F.B.T.D.	
Date Spunded	4-29-65	3120	3120	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
South Blanco	Pictured Cliffs	3036	3220X 3001	
Perforations	_		Depth Casing Shoe	
3036 - 3056 w/2SPF		ND CEMENTING RECORD	3120	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8	98	90	
x4xxx2 7 7/8	4 1/2	3120	190	
	2 3/8	3001		
	FOR ALLOWABLE (Test must be able for this of	after recovery of total volume of load : depth or be for full 24 hours)	oil and must be equal to or exceed top all	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)	
	5 <b>-17-6</b> 5		COTILO	
Length of Test	Tubing Pressure	Casing Pressure	Chok SZ FIVED	
	Cil-Bbls.	Water-Bbls.	Granis	
Actual Proc. During Test	CII-BBIS.		MAY 26 1965	
			OIL CON. COM.	
GAS WELL			OIL OUT 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Consider	
2,670	3 hrs.	Casina Proggues	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	2/4 THC	
Choke-THC			VATION COMMISSION	
. CERTIFICATE OF COMPLI	ANUE			
I beach a certify that the rules a	and regulations of the Oil Conservation	APPROVED JUL 8 19	<u>965                                    </u>	
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.		BY Original Signed Emery C. Arnol?		
above is true and complete to	the best of my knowledge and better	C		
		TITLE Supervisor Dist		
Osligical Signed by		This form is to be filed in compliance with RULE 1104.		
NORRIS B. JONES (Signature)		wall this form must be accor	llowable for a newly drilled or deeper npanied by a tabulation of the deviat	
(Signature)		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 Sections I, II, III, and VI only 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