## NUMBER OF COPIES SECURED FILE U. 5. G. 5. LAND OFFICE TRANSPORTER

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EHATOR	2	FILE THE	ORIGINAL AND A	CODIECWITH	THE APPROPRIATE		
Company or Coerator					Lease	OFFICE	Well No.
nit Letter	-	T	CORPORATION		RISHOP		2
L	Section 26	Township 250	Range	311	County RIG ARRI	Ta .	
ool					Kind of Lease (State		
SOUTH IL		RED CLIFFS	1,, ,		714		
ii veli pro give	oduces oil or con e location of tan	idensate ks	Unit Letter	Sectio	n Township	Range	
Authorized transporte	r of oil or	condensate		Address (give	address to which approve	ed copy of this form	is to be sent.
						., .,	
		Is Gas A	ctually Connec	ted? Yes	No		
uthorized trasporter	r of casing head	gas or dry gas	Date Con-	<del></del>	address to which approve	ed copy of this form	is to be sent)
-	<b>149 24</b> 2 2		nected				,
We have delin	m as a	MOVE.	2/10/60	P. O. 1	10x 1492, 16. 19.	90, THEAS	
gas is not being sol	d, give reasons	and also explain its	present disposition	1:	·	· · · · · · · · · · · · · · · · · · ·	
New Well			Change in Ownership				
				Division	of Atlas Corpor January 1, 196	ation.	•
emarks	<u> </u>	<del></del>		· · · · · · · · · · · · · · · · · · ·			
- vad -roi on ad one	· · · · · · · · · · · · · · · · · · ·	n					
ie undersigned cere	tines mai me	Rules and Kegula	tions of the U11 C	onservation Com	mission have been con	nplied with.	
	Executed	this the	_ day of	mber	, 19 <b>_62</b> .		
OIL	CONSERVAT	ION COMMISSION		Ву			
proved by					3 Lynn		
0	C)			Title	- Agy Ci		
Uriginal	Signed En	dery C. Arn	റ <b>്റ്</b>	Regineer			
tle				Company			
Superv scr D	ist. # 3			DIVISION	of atlas corpor	ATTAM	
te				Address			
	i.			2000 MATE	MAL MARK OF THE	SA WILDIN	<b>.</b>
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Job separation sheet

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1/	
OPERATOR		.7	
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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	U.S.G.S.  LAND OFFICE:	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL G	AS			
	TRANSPORTER OIL GAS /						
1.	Operator Operator	0					
	Address	um Corporation	1 00110				
		88, Englewood, Color	ado 80110 Other (Please explain)				
	Reason(s) for filling (Check proper box) New Well	Change in Transporter of:	Office (1 tease explains)				
	Recompletion	Oti Dry Grs Casinghead Gas Condens	7				
	If change of ownership give name and address of previous owner	Atlas Minerals, D	ivision of Atlas Co of Tulsa Bldg, Tul	rporation sa, Okla. 74103			
11.	DESCRIPTION OF WELL AND LEASE						
	Lease Name Bishop	Well No. Pool Name, Including Fo.  2 South Blance	rmation Pictured Cliffs  Kind of Lease State, Federal	Lease No.			
	Location			Most			
	Unit Letter;;	Feet From The South	and 790 Feet From 7	he West			
	Line of Section 26 Town	ship 25N Range 3W	, NMPM, Rio A	rriba County			
111.	DESIGNATION OF TRANSPORT	er of OIL AND NATURAL GAS	S Address (Give address to which approx	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Casin	nghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas	S Company Unit Sec. Twp. Age.	P. O. Box 1492, E1 Is gas actually connected? Who	Paso, Texas			
	If well produces oi. or liquids, give location of tanks.		Yes	2/10/60			
	If this production is commingled with	that from any other lease or pool,	give commingling order number:				
IV.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
			Top Otl/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay				
	Perforations		Depth Casing Sho●				
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FO	R ALLOWABLE (Test must be at	fer recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	"TOFF			
	Length of Test	Tubing Pressure	Casing Pressure	Chok. Siz.			
			Water - Bbls.	G. MAR 23 1973			
	Actual Prod. During Test	Cil-Bbls,	Wdter - DDIS.	OIL CON COM			
				DIST. 3			
	Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	ATION COMMISSION			
			APPROVED APR 2 4 1973 , 19				
	I hereby certify that the rules and re Commission have been complied we above is true and complete to the		By Original Signed by Emery C. Arnold				
	above is true and complete to the	Dest of my knowledge and bottom	TITLE SUPERVISOR DIST. #3				
			This form is to be filed in compliance with RULE 1104.  If this is a request for silowable 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.  Separate Forms C-104 must be filed for each pool in multiply completed wells.				
	7/12 Hora	ture)					
	Engineer (T:	.e)					
	3-21-73						
	(D:	<i>(e)</i>					
			All completed house				

