NO. OF COPIES RECEIVED	5											
DISTRIBUTION				NEW	MEXICO OIL O	CONSERVA	TION COMMI	SSION	Form (-104		
SANTA FE	/				REQUEST				_	sedes Old C-104 and C-11		
FILE	/					AND			Effect	ive 1-1-65		
U.S.G.S.			AUT	THORIZAT	ION TO TRA	ANSPORT	OIL AND N	ATURAL	GAS			
LAND OFFICE												
TRANSPORTER GAS												
OPERATOR	3				•							
PRORATION OFFICE					· · · · · · · · · · · · · · · · · · ·							
Operator	ENS	SON-	-MONT	IN-GREE	ER DRILL	ING CO	RP.					
Address 221	PE.	rroi	LEUM (CENTER	BUILDIN	G, FARI	MINGTON	, NEW M	EXICO			
Reason(s) for filing (Check p	roper	box)					Other (Please	explain)				
New Well			Chang	e in Transpo	orter of:	10	Change :	in w∈ll	name fo	llowing		
Recompletion		on Dry Gas Seventh expansi										
Change in Ownership			Casin	ghead Gas	Conde				cicipatin			
If change of ownership give	ner_											
DESCRIPTION OF WELL Lease Name	L A	ND L		No. Pool Na	me, Including F	'ormation		Kind of Leas	:0	Lease No.		
CANADA OJITOS	U	TIN		5 Wes	st Puert	o Chiq	uito Man	State, Federa	n or FeeFede	ral NM 02457		
R	,	835			north Lir	٦,	495	•	east			
Omit Cetter	;					1e diid			_{The} <u>east</u> Arriba			
Line of Section 18		Town	ship 2	Δ1 <u>Λ</u>	Range	1E	, NMPM,	. r.r.	Arriba	County		
DESIGNATION OF TRA	ve D	ODTE	- AT A	TT AND N	ATUDAL CA							
DESIGNATION OF TRA				or Condensate			Give address to	which appro	ved copy of this	form is to be sent)		
·-		_			on well	1.50.50				,4		
'Name of Authorized Transpor		Casin	ghead Gas		ry Gas 🗀	Address (C	ive address to	which appro	ved copy of this	form is to be sent)		
			one			Is gas actually connected? When						
If well produces oil or liquidagive location of tanks.	3,	1	Jnit	Sec. Tw	rp. ¦ Rge.	is gas act	dally connecte	, i wu	en			
If this production is commis	ngled	with	that from	any other	lease or pool,	give commi	ingling order	number:				
				Oil Well	Gas Well	New Well	Workover	Deeperi	Plug Back S	dame Res'v. Diff. Res'v.		
Designate Type of Co	ompl	etion	-(X)	į	1		i I	1		,		
Date Spudded	Ī	Date Comp	ol. Ready to I	Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, G	e.j l	Name of P	roducing For	mation	Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
Perforations					·				Depth Casing	Shoe		
			 · · ·				,					
			<u> </u>	TUBING,	CASING, AND	CEMENT	ING RECOR	<u> </u>	. ,			
HOLE SIZE			CAS	NG & TUB	ING SIZE	ļ	DEPTH SE	<u>T</u>	SAC	KS CEMENT		
						ļ						
						 			1			
						ļ			 			
						<u> </u>			<u> </u>			
TEST DATA AND REQUOIL WELL	EST	FOF	RALLO	WABLE (Test must be a able for this de			e of load oil	and must be equa	al to or exceed top allow-		
Date First New Oil Run To T	I	Date of Te	es t		Producing Method (Flow, pump, gas lift			ft, etc.)				
Length of Test			Cubing Pre	esure		Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test		Oil - Bbls.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Water-Bbls.			Gas-MCF	Gas-MCF			
						<u> </u>			1 3			

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

APPROVED.

1. CERTIFICATE OF COMPLIANCE

I.

I.

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.

(Signature) Vice-President

> (Title) August 13, 1970

(Date)

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.

PETROLEUM ENGINEER DIST. NO. 3

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

OIL CONSERVATION COMMISSION

Original Signed by A. R. Kendrick

AUG 1 7 1970

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.