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DISTRIBUTION			
SANTA FE		1	
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u>L</u>	
	GAS		
OPERATOR		Li	
PRORATION OFFICE			

NADCC(4) WMS

NEW MEXICO OIL CONSERVATION COMMISSION

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

SANTA FE	RI	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION		ND PORT OU AND	NATHPAL CA	\$	
LAND OFFICE	AUTHURIZATION	I I U I KANS	FOR FUIL AND	HATUKAL GA	•	
OIL						
TRANSPORTER GAS						
OPERATOR I						
PRORATION OFFICE						
Operator						
Continental Address						
Reason(s) for filing (Check proper	21, Durange, Celerad		Other (Plea	se explain)		
New Well	Change in Transporter	of:	,-	. ,		
Recompletion	011	Dry Gas				
Change in Ownership	Casinghead Gas	Condensat	e 🔲 📗			
If change of ownership give nar and address of previous owner	ne					
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name,	Including Form	ation	Kind of Lease		Lease No.
Lease Name	12 Otero C			State, Federal o	r Fee Tederal	147
AXI Apache "J"	12 000.0	11100 7 0				1
	797	th	nd 1600	Feet From Th	. West	
Unit Letter;;	.787 Feet From The Seu	Line on	na	reet rom rn		
Line of Section 5	Township 25%	Range 5	, NMI	PM, Ric	Arriba	County
Zinc of doctors						
DESIGNATION OF TRANSF	ORTER OF OIL AND NAT	URAL GAS_				
Name of Authorized Transporter of	f Oil or Condensate	A	ddress (Give addres	s to which approve	d copy of this form is t	obe sent)
			(0: 11		density of this form is t	o ha canti
Name of Authorized Transporter of		as 🗶 A			d copy of this form is t	
Southern Union Car					ldg, Dallas, 1	exas
If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is	gas actually conne	cted? when		
give location of tanks.		<u> </u>	Ne	i		
If this production is commingle COMPLETION DATA			ew Well Workove		Plug Back Same Res	stv. Diff. Res
Designate Type of Comp		X	X		1	!
Date Spudded	Date Compl. Ready to Prod		otal Depth		P.B.T.D.	
8-4-66	9-16-66		39001		38701	
Elevations (DF, RKB, RT, GR, e		lon T	op Oil/Gas Pay		Tubing Depth	
6633' GR, 6692' DF	Chacra		37741		3735'	
Perforations					Depth Casing Shoe	
3799-3807', 3784-	911. 3774-801				39001	
3177 3001 , 0701	TUBING, CA	SING, AND C	EMENTING REC	ORD		
HOLE SIZE	CASING & TUBING		DEPTH SET		SACKS CEN	MENT
12 1/4"	9 5/8"		173'		100 sacks	
7 7/8"	4 1/2"		3900		375 sacks	
	1 1/2"		373	<u> </u>		
		<u></u> i		i	and the same of th	
TEST DATA AND REQUES	T FOR ALLOWABLE (Te	st must be after	recovery of total t	olume of load oil as	nd must be soup to or	exceed top all
OIL WELL	801	e jur titta mepti	or be for full 24 he Producing Method (F	· u- · · /	7 3 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date First New Oil Run To Tank	s Date of Test	•	-todacting Motinos (t		///11 1 1 1 1 1	
	The base December 1		Casing Pressure		Cloke Size	266
Length of Test	Tubing Pressure		:		GO-MOF CON	-OM.
Total David Trees	Oil-Bbls.		Vater - Bbls.		Gd -MCF CON	GUY /
Actual Prod. During Test	J 22.2.				OIL DIST	.3 /
					1000	
CAS WELL						
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/N	MCF	Gravity of Condensate	•
	24 hours				•	
Testing Method (pitot, back pr.)		n) (Casing Pressure (S	nut-in)	Choke Size	
	46#		•		3/4"	
Choke Nipple		 	01	L CONSERVA)N
. CERTIFICATE OF COMPI	MANUE		01		TION COMMISSIO	1
	4	ne erustis-	APPROVED		- 20	, 19 45/
Commission bear come	and regulations of the Oil Co lied with and that the informs	ition given	1	K Sen	diale	
above is true and complete	to the best of my knowledge	and belief.	BY	111 Jese	Clear Co	
			TITLE PETR	OLLUM'ENGI	EER DIST. NO.	3
			11166			
	L SIGNED BY:		This form i	s to be filed in c	ompliance with RUL	E 1104.
Arm. A.	Buttarfield				able for a newly dril	
(Signature)			well, this form must be accompanied by a tabulation of the deviation to the deviation of th			
District (ffice Manager		All section	of this form mus	it be filled out comp	letely for all
	(Title)		able on new and	i tecombieted me	118.	
9-28-			Fill out on	ly Sections I, II.	III, and VI for cheer, or other such char	anges or own age of condit
	(Date)	!}	well name or nu	orms C-104 must	be filed for each	pool in mult
		[]				
		11	completed wells	•		