			/
NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  /		DNSERVATION COMMISSION FOR ALLOWABLE	Form C-104  Supersedes Old C-104 and C-1  Effective 1-1-65
FILE / U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	
FRANSPORTER OIL GAS: /			
OPERATOR K PRORATION OFFICE Operator	_		
Shar-Alan Oil Address 1402 Deswey H	. S. National Center, Denver	r Colorado 80202	
Reason(s) for filing (Check proper tiew Well steeping letter.		Other (Please explain)	
Change in Ownership	Casinghead Gas Conden	sate	
(f change of ownership give nar and address of previous owner			
DESCRIPTION OF WELL A Lease Name	well No. Post No.	me, Including Formation	Kind of Lease State, Federal or Fee
Lillian-State	2-x	So Blanco PC	State
Unit Letter <u>y</u> P	1223 Feet From The <b>Rest</b> Lin		om The South
Line of Section 2	, Township 24N Range	lw , NMPM,	County County
DESIGNATION OF TRANSF Name of Authorized Transporter of	PORTER OF OIL AND NATURAL GA	Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of	of Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)
El Paso Natural Ga		is gas vendily contempted 80	202
If well produces oil or liquids, give location of tanks.	Unit Sec. 1 wp. 1 dg.	yes	7-20-66
If this production is commingle	ed with that from any other lease or pool,	give commingling order number:	
Designate Type of Comp	oletion — (X)   Gas Well	New Well Workover Deeper	Plug Back   Same Res'v.   Diff. Res
Date Spudded 6-24-63	Date Compl. Ready to Prod. 7-20-66	Total Depth 2757	P.B.T.D.
So Blanco PC	Name of Producing Formation  Pictured Cliffs	Top <b>24 3</b> Gas Pay <b>2698</b>	Tubing Depth 2710
Perforations 2698-2702; 2720-27	26 and 2734_2741		Depth Casing Shoe  2757
2090-2/02; 2/20-2/	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT  60 sacks
10 3/4"	8 5/8" 4 1/2		75 sacks
. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be able for this d	lepth or be for full 24 nours)	d oil and must be equal to or exceed top all
Date First New Cil Run To Tank		Producing Method (Flow, pump, g	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Fred, During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D		Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test	i i	1
1,498	3 hr	Garina Darassus	Choke Size
1,498 Testing Method (pitot, back pr.	3 hr ) Tubing Pressure	Casing Pressure	Choke Size
1,498 Testing Method (pitot, back pr. Back Pressure	3 hr ) Tubing Pressure 580	581	Choke Size  3/4"  RVATION COMMISSION
1,498 Testing Method (pitot, back pr. Back Pressure	3 hr ) Tubing Pressure 580	581 OIL CONSE	3/4" RVATION COMMISSION
1,498 Testing Method (pitot, back pr.  Back Pressure  CERTIFICATE OF COMP	3 hr ) Tubing Pressure 580	OIL CONSE	3/4"

JUL 28 1966

50N, COM

Manager of Lands & Explorations

(Title)

(Date)

July 20, 1966

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

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. 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 completed wells.