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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and							
S.NTA FE							-104 and C-110	
FILE		REQUEST	AND	MADLE			ctive 1-1-65	101 5.10
U.S.G.S.	4117110017471	ON TO TO 4		NII ANIDNI	ATUDAL C	4.0		
LAND OFFICE	AUTHORIZATI	ON TO TRA	NSPURIC	JIL AND N	ATURAL G	A3		
TRANSPORTER OIL						•		
GAS 7								
PRORATION OFFICE	····							
Operator								
Amerada Hess C	orporation				·			
Address								
	onument, New Me	<u>xico 8826</u>						
Reason(s) for filing (Check proper box)			1.0	ther (Please	explain)			İ
New Well	Change in Transpor	٦•						
Recompletion	011	Dry Gas	s XX			•		
Change in Ownership	Casinghead Gas	Conden	scrte	Comming	<u>led (See</u>	Order R	<u>-5138)</u>	
If change of ownership give name and address of previous owner								
DESCRIPTION OF WELL AND I	EASE	- Taralindina Ba			Kind of Lease	<u> </u>	····	Lease No.
Lease Name	Well No. Fool Nam			1				
McKenzie Federal	3	up/Dakota	l ·		State, Federa	Fe Fe	deral	15014
Unit Letter 0; 95	O Feet From The SC	uth Line	e and1	350	_ Feet From 1	The <u>Eas</u>	<u>.</u>	
Line of Section 25 Tow	nship 25N	Range	6W	, NMPM,	Ri	o Arriba		County
DESIGNATION OF TRANSPORT	ER OF OIL AND NA	ATURAL GA	S					
Name of Authorized Transporter of Oil	or Condensate		Address (G	ve address t	which approv	ed copy of th	is form is to	be sent)
Plateau Inc. Name of Authorized Transporter of Cas Transporter: Amerada H	Inghead Gas ☐ or Dr ess Corporation	y Gas 🔀	Box 2	040 - Tu	minoton which appro- lsa, Okl	ahoma		
Purchaser: Gas Company	of New Mexico			nternati illy connecte	onal Bui		Dallas,	Te x as
If well produces oil or liquids, give location of tanks.	, ,	5N 6W	_	es				
If this production is commingled wit	h that from any other l	ease or pool,	give commi	ngling order	number:	R - 5138		
Designate Type of Completio	n - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	. Diff. Restv.
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	1		P.B.T.D.	<u> </u>	
·								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oll/Go	s Pay		Tubing Dep	th	
Perforations Gallup - 5914-5		<u> </u>				Depth Casi	ng Shoe	
Dakota - 6868-7						ــــــــــــــــــــــــــــــــــــــ		
		CASING, AND	CEMENTI					
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SE	Τ	S,	ACKS CEME	NT
						 		
								
			ļ			 		
			<u> </u>			ــــــــــــــــــــــــــــــــــــــ		
TEST DATA AND REQUEST FO		Test must be ay able for this de	pth or be for	full 24 hours)		fuel to or ex	ceed top allow
Date First New Oil Run To Tanks	Date of Test		Producing I	Method (Flow	, pump, gas li	ft, etc.)	•	
	10/25/76		G^{A}	s Lift				
Length of Test	Tubing Pressure	,	Casing Pre			Choke Size		7
24 Hrs.	60#					1 \	<u> </u>	<u> </u>
Actual Prod. During Test	Oil-Bbls.		Water-Bble			Gas - MOLF	C\L	
	2		2	(Load)		139	4 L	1
	<u> </u>		<u> </u>	_000				

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |

139.4 | 24 Hrs. | - - - - - - - - - - - - - |

Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

VI. CERTIFICATE OF COMPLIANCE

1.

III.

IV.

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,

Hotarter	
(Signature)	İ
Admin.Serv.Supv.	
(Title)	

November 1, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED	N. T			, 19	
By Original	Signed by	A C	. i		
TITLE SUPPLY	Marina.	#4			

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

If this is a request for allowable for a newly drilled or despended 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 eliconable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.