NO. OF COPIES REC		/)	
DISTRIBUTION			
SANTA FE		7	
FILE		1	_
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	ĺ	
INAMS ON EN	GAS	1	
OPERATOR		4	
PROPATION OFFICE			

П.

11.

ίV.

v.

VI.

NO. OF COPIES RECEIVED				
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.		AND		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	GAS	
OIL /	·			
TRANSPORTER GAS /	•		•	
OPERATOR 4	1			
PRORATION OFFICE				
Operator 0400			·	
	11 CORP.			
Address Fig.	RINGTON, NM, 8	7401		
Reason(s) for filing (Check proper box)	411,61019,1811,81	Other (Please explain)		
New Well	Change in Transporter of:	Tiled For Ten	from well	
Recompletion	Oil Dry Go	us	7, 20	
Change in Ownership	Casinghead Gas Conde	nsale Manay Cana	from well.	
If change of ownership give name and address of previous owner				
and address of previous eviner				
DESCRIPTION OF WELL AND				
Lease Name	Well No. Pool Name, including F		~ /	
Location L	SA DIANCO I	NESAIERDE State, Federa	Torree / Bar	
D Q4	O SOUTH	ne and 990 Feet From 1	EACT	
Unit Letter ; //	Feet From The SOVTH tr		The LAG	
Line of Section 20 Tow	vaship 26 N Range	3W NMPM RIO	ARRIBA County	
Line of Section 100	msnip 20 Honge	, INDIEN,	Z/A/// County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of Oil		Address (Give address to which approx	ved copy of this form is to be sent)	
WATEAU INC.	·	Box 108 FARMINGTO, Address (Give address to which approx	N. N.M 8740/	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)	
NORTHWEST PIPELINZ			111 GOD NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en / / / /7	
give location of tanks,	P 20 261 300	1 CMT	2-11-11	
	h that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	n - (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
·				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	T	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	0 - 300/	SACKS CEMENT	
12/4"	8 38	0-306		
9 78 "	7/2	U-6750		
		}	<u> </u>	
TEST DATA AND REQUEST FO	OR ALLOWARI.E. (Test must be a	ufter recovery of total valume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water Phila	Gas-MCF 3084	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF COM.	
CAC WEY				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
• • • • • • • • • • • • • • • • • • •		7 - N - 17 7		
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. BYOriginal Signed by A. R. Kendrick		<u>/ </u>		
		ByOriginal Signed by A. R. Kendrick		
moore is the and complete to the		And the state of t	_	
,		TITLE SUPPLEMENT	<u>. 11 1 11 11 11 11 11 11 11 11 11 11 11 </u>	
A 4 1		This form is to be filed in compliance with RULE 1104.		
Centres link	<u> </u>	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		
(Signa	iture)	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviation dance with RULE 111.	
Sto be Store	13 1012	All sections of this form mu-	at be filled out completely for allow-	
#-10-7)	(e)	able on new and recompleted we	ollo.	
(Da	te)	Fill out only Sections I, II well name or number, or transport	 III, and VI for changes of owner, ter, or other such change of condition. 	
(Da	+=/			

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