NO. OF COPIES MECE	5		
DISTRIBUTIO			
SANTA FE FILE U.S.G.S.		1	
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LAND OFFICE	ND OFFICE		
TRANSPORTER	OIL	1	
TRANSPORTER	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

-	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR	AUTHORIZATION TO TRAIN	API 30-039-21798				
I.	PRORATION OFFICE						
	W. M. GALLAWAY						
	101-2 Petroleum Plaza Building, Farmington, New Mexico 87401						
	eason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	ate				
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
	Lease Name Davis	2 Blanco Mesa	<u> </u>	or Fee Fee			
Location				East			
	Unit Letter A ; 900	Feet From TheNortnLine					
	Line of Section 9, Tow	mship 26 North, Range	2 West , NMPM, Rio A	rriba County			
***	DECIONATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	3				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve P. O. Eox 1183, Hou				
	Name of Authorized Transporter of Cas	ratiorpermian (Eff. 9 / 1 /87)	Address (Give address to which approve	d copy of this form is to be sent)			
	Northwest Pipelin	e Corporation	P. O. Box 90, Farmi				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes	2-3-79			
	If this production is commingled with	th that from any other lease or pool, g	give commingling order number:				
17.	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded 6-4-78	7-7-78	6029'	6010.32'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Resaverde	Top Oil/Gas Pay 5828	Tubing Depth 5956			
	7179 GR			Depth Casing Shoe 6025			
	5828' - 5958' - 38 Holes		CENTING DECORD	0027			
	UOL E C17E	TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	209	150 Sacks			
	7 7/8"	4 1/2"	599 4. 91' 5955.66'	300 Sacks None			
	4 1/2"	2 3/0					
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)						
•	OIL WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas life				
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Capital Liange				
	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF			
	GAS WELL		T	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 7 Day	Casing Pressure (Shut-in) 7 Day 1725	Choke Size			
V	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
•				APPROVED FEB 5 1979			
	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.		Original Signed by A. R. Kendrich				
			SUPERVISOR DIST. #2				
	Jakan 11	70/701/1/20		compliance with RIILE 1104.			
	(nonston		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.				
	Operator	7.7.1	All sections of this form mu	at be filled out completely for allow			
	Feb. 5,	197 9	able on new and recompleted we Fill out only Sections I, I	I. III, and VI for changes of owner			

(Date)

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.