HO. OF COPIES REC	TIVED	İ	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSPORTER	GAS		
OPERATOR			
PRORATION OF			

	DISTRIBUTION				ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1	
	SANTA FE			KEQUESI I	FOR ALLOWABLE AND	Effective 1-1-65	
	U.S.G.8.	- +		AUTHORIZATION TO TRAI		RAL GAS	
	LAND OFFICE			AUTHORIZATION TO TRAI	131 OKT OIL AND HATON	THE ONE	
	OIL						
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE						
	Operator			CUDMIC I LIMMIT			
	·			CURTIS J. LITTLE			
	Address			P. O. Box 2487			
	Reason(s) for filing (Check pr	roner	hor	Farmington NM 87401	Other (Please explain	n)	
	New Well X	орс	50.,	Change in Transporter of:			
	Recompletion			Oil Dry Gas			
	Change in Ownership			Casinghead Gas Condens	sate 🔲		
	If change of ownership give and address of previous own		e				
	and address of previous own	e					
II.	DESCRIPTION OF WELL	L AN	ND I	LEASE	C / Vind o	of Lease No.	
	Lease Name			Well No. Pool Name, including to	Exil !	Federal or Fee Fed. NM-067988	
	FOSTER			2 So.Blanco P	ictured Cliffs State,	red. NM-90/300	
	Location		060	Cou+h	700	From The West	
	Unit LetterM	;	360	Feet From The South Line	and 190 Feet	From The WCSt	
	17		_	mship 26N Range	7W , NMPM,	Rio Arriba County	
	Line of Section 17		Tov	mship ZOIN Range	7 11 7 1101 101	NIO INTIES	
	DESCRIPTION OF TRAI	NC DA	A D 1	TER OF OU AND NATURAL GA	s		
111.	Name of Authorized Transpor	ter of	OII	or Condensate	Address (Give address to which	h approved copy of this form is to be sent)	
	Name of Advances						
	Name of Authorized Transpor	ter of	Cas	inghead Gas or Dry Gas X	Address (Give address to which	h approved copy of this form is to be sent)	
				l Gas Company	P O Box 990, Fa		
	If well produces oil or liquids			Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
	give location of tanks.			1	no	soon	
	If this production is commit	ngled	wit	h that from any other lease or pool,	give commingling order number	er:	
IV.	COMPLETION DATA				New Well Workover Deep	- 1500	
	Designate Type of Co	ompl	etic	- (Y)	1	2276'	
		Omp.		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	Date Spudded				2338'	2276'	
	3-18-82 Elevations (DF, RKB, RT, G	D		A-19-82 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6223-GR	n, ett	C• j	Pictured Cliffs	2209'	none	
	Perforations			1 letared office		Depth Casing Shoe	
	2209-33 & 2254-58 22 holes					2306'	
				TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	9–7/8''			7''	129	65	
	5-1/4			2–7/8	2306	250	
				<u> </u>			
					to a second values of le	and all and must be equal to or exceed top allo	
V.		UES1	r F	OR ALLOWABLE (Test must be a) able for this de		load off and must be equal to or exceed top allo	
٠	OII. WELL Date First New Oil Run To T	Canks		Date of Test	Producing Method (Flow, pump,	o, gas lift, etc.)	
	Date :				/ 6		
	Length of Test			Tubing Pressure	Casing Pressure	Choke Size	
					70.	Gas-MCF	
	Actual Prod. During Test			Oil-Bble.	Water-Bbis.		
					<u> </u>		
						· 	
	Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		27 ⁸	ł	3 hrs.	none		
	Testing Method (pitot, back			Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back pr.				766	1/2	
VI	CERTIFICATE OF COM	APLI	IAN	CE	OIL CONS	SERVATION COMMISSION	
¥ 1.			APPROVED 19				
	I hereby certify that the rules and regulations of the Oil Conservation			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.				BY Original Signed by FRANK I CHAVEZ			
				CHDEDVISOR DISTRICT 第3			
	1 /11				TITLE		
	1 Mai Fills				This form is to be filed in compliance with RULE 1104.		
Curtis J. Little / (Signature)				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				form must be filled out completely for allo	
				tle) :1 21 1082	able on new and recompt	v vv vv and VI for changes of own	
		A	_	il 21, 1982	well name or number, or tr	ransporter, or other such change of condition	
			U	ate)	[1		