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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	(
OPERATOR		1	
PRORATION OFFICE			

SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	CAS	
LAND OFFICE	AUTHORIZATION TO TRA	AND OR OLL AND NATURAL	GAS	
TRANSPORTER OIL /				
GAS (
OPERATOR /				
I. PRORATION OFFICE Operator				
i '				
Address	A STATE OF THE STA			
P. G. Boy SOR. IN	rainghon, New Hexton St	2404		
Renson(s) for filing (Check proper box;		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go	is XX Change Name	of Operator	
Change (Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name				
and address of previous owner	· · · · · · · · · · · · · · · · · · ·			
I. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.	
Newson	15 Basin Dakot	į.	ral or Feel aderel SF078433	
Location				
B 990	Foot From The Morth	ne and 1450 Feet From	The Left	
Unit Letter;	Feet From The Lin	reet from	i ine	
Line of Section 18 Tow	nship 26 Korth Range 8 N	iest , nmpm, Ben Ji	County	
II. <u>DESIGNATION OF TRANSPORT</u>	ER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	** * * *	
Plateau, Inc.		Farmington, Nov		
Name of Authorized Transporter of Cas.		1	oved copy of this form is to be sent)	
we same selected to the		Is gas actually connected? W	Then	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	nen	
If this production is commingled with	that from any other lease or pool,	give commingling order number:		
V. 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 Cil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		D CEMENTING RECORD	CACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FO	PALLOWARIE (Test must be a	feer recovery of total volume of load of	il and must be to to presed top allow	
OIL WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	life, etc.	
Length of Test	Tubing Pressure	Casing Pressure	Ctoke Size	
			The state of the s	
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Got-MCF OCIA S	
		1	1 Vom pisters	
CAG WEST				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. 1881-MCF/U	Feudur or rest			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
raning throat and but				
A CERTIFICATE OF COURT IANG	F	OII CONSERV	ATION COMMISSION	
I. CERTIFICATE OF COMPLIANC	.	APPROVED JUL 6 19//		
I hereby certify that the rules and re	egulations of the Oil Conservation			
Commission have been complied w	th and that the information given			
above is true and complete to the	best of my knowledge and belief.	BY		
Original	Signed By	TITLEEMUSCLETT AND TERM NOTE, IL.		
Rudy D.	M	This form is to be filed in compliance with RULE 1104.		
audy D. Hotto	Miot(o	1	nuchie for a newly drilled or deepens	
Area Superintendent	ure)	well, this form must be accomp tests taken on the well in acc	seried by a tabulation of the deviation	
		tests taken on the well in acc	nust be filled out completely for allow	
July 2 (Titl	e)	able on new and recompleted v	wells.	
July 2, 1977 (Tul		Till and only Sections I	if it and VI for changes of owner	
(Dat	e)	well name or number, or transpo	orter, or other such change of condition	
		Separate Forms C-104 mu	ist be filed for each pool in multiply	