			4
DISTRIBUTION			
SANTA FE		17	
FILE			-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		12	

i	SANTA FE /	,	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
	FILE /	KEGUESI	FOR ALLOWABLE AND	Effective 1-1-65		
	U.S.G.S.	ALITHODIZATION TO TRA	INSPORT OIL AND NATURAL G			
	LAND OFFICE	AUTHORIZATION TO TRA	MAPURT OIL AND NATURAL G	AS		
	OIL	1	•			
	TRANSPORTER GAS /	1				
	OPERATOR 2	1		•		
ı.	PRORATION OFFICE	1	. •			
	Operator			/		
		co Oil Company				
	Address					
	Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203					
	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Other (Please explain)  From Southern Union Gas Compa					
	Change in Ownership Casinghead Gas Condensate Effective 8/1/70					
	If change of ownership give name					
	and address of previous owner					
-	I. DESCRIPTION OF WELL AND LEASE					
	Lease Name // Well No. Pool Name, Including Formation Kind of Lease No.					
	DAVIDSONA / FULCHER KUTZPC State, Federal or Fee					
	Location					
	Unit Letter 4: 990 Feet From The North Line and 990 Feet From The East					
	Line of Section 7	waship Range	10 , NMPM, SON	lisan County		
	•					
m.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX		Address (Give address to which approved copy of this form is to be sent)			
	Southern Union Gathe		Fidelity Union Tower Blo	dg Dallas, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	rn		
	give location of tanks.	<u>i                                      </u>	<u> </u>			
		th that from any other lease or pool,	give commingling order number:	· ·		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on = (X)	1 %	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				1		
	Perforations		,	Depth Casing Shoe		
				· · · · · · · · · · · · · · · · · · ·		
-	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT			SACKS CEMENT		
	•					
	·			<u> </u>		
		L	<u> </u>			
V.	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)					
i	OII. WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Adn 16 I date of Test					
	Length of Test	Tubing Pressure	Casing Pressure	Choke/Sige		
			-	1 / 1/202		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas MCFAUG 31 1910		
				NOU 0		
. '		OIL CON. COM.				
	GAS WELL			0131.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	C <b>E</b>	OIL CONSERVATION COMMISSION			
	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.		ALIO 0 1 1070			
			BY Original Signed by A. R. Kendrick			
			Original Signed by A. R. Kendrick			
			PROPERTY PAGES PROPERTY NO. 4			
			TITLE PETROLEUM ENGINEER DIST. NO. 3			
	<i>// / ·</i>	7 _ //	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	D (1. 7)	Toux				
•	(Sil no	nume) G. A. Ford	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Sr. Production C1		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
'	(Tit					
	<b>8/</b> 28/70		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.			
	(Da	te)				
			Separate Forms C-104 must be filed for each pool in multiply			