Plateau, Inc. Itame of Authorized Transporter of R1 Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled COMPLETION DATA Designate Type of Completion Spudded 12-11-65 Elevations (DF, RKB, RT, GR, etc.) 5766 RDB, 5722 GR Perforations 6147-65, 6221-40, 62 HOLE SIZE 12 1/4** 7 7/8**	Unit Sec. Unit Sec. 14 with that from any of Off We tion - (X) Date Comp Ready 1-9-66 Name of Producing Dakota 250-60, 6279-85	Twp. Rge. 28M 12W her lease or pool, 3 Gas Well 4 to Prod. Formation NG, CASING, ANI UBING SIZE	Box 990, Farm Is gas actually connected No give commingling order New Well Workover X Total Depth 6329 Top Cil/Gas Pay 6143 CEMENTING RECOR DEPTH SI 377 6329	number:	Plug Back P.B.T.D. Tubing Dept	6312 th 6169 tg Shoe 6329	
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Plateau, Inc. Signe of Authorized Transporter of El Paso Natural Gas (Company		Box 990, Farmi	ngton, M	ew Mexico)	
Plateau, Inc.		or Dry Gas	Ben 600 Ben		an Manda		
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			Box 108, Farmi Address (Give address t	ngton, I	ved copy of thi	s form is to be sent)	
Name of Authorized Transporter of	Oi: or Conde	isate 🚣	Address (Give address t				
DESIGNATION OF TRANSPO	RTER OF OIL AN	D NATURAL GA	S			o form in to be conti	
Sinc of Section			, , , , , , , , , , , , , , , , , , , ,				
Line of Section 14	Township 28%	Range	12W , NMPM,	•	an Juan	County	
Unit Letter; 1	S85 Feet From Th	e Korth Lin	e and 1980	Feet From	The La	<u>st</u>	
Location			44				
Gallegos Canyon Unit		207 Bas:	in Dakota	···	State, Feder	d or Fee Federal	
Lease Name	Lease No.	Well No. Pool Na:	ne, Including Formation		Kind of Leas		
DESCRIPTION OF WELL AN	D LEASE						
and address of previous owner							
f change of ownership give name	:						
Thange in Cwnership	Casinghead Go	S Conden	sate 🔲				
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U.S.G.S. LAND OFFICE		REQUEST FOR ALLOWABLE				rsedes Old C-104 and C- ctive 1-1-65	
LAND OFFICE	!	NEW MEXICO OIL CONSERVATION COMMISSION				Form C-104	
U.S.G.S. LAND OFFICE	NE	W MEXICO OIL C		CCLON	Pa	C-104	

(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)

Producing Method (Flow, pump, gas lift, etc.) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas tift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cill-Bbis.	Water - Bbls.	GAN-MCEB & 1968
GAS WELL			GIL COM. COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
11,846	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

Back Pressure VI. CERTIFICATE OF COMPLIANCE

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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 test of my knowledge and belief.

UNIGINAL SIGNED BY

D. L. TOLLEFSON

D. I. Tollefson

907

(Signature)

Administrative Assistant (Title)

January 31, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED FES 7 1966

Original Signed Emery C. Arnold

Supervisor Dist. # 3 TITLE _

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.

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.