NO. OF COPIES RECEIVED			
			Prog. C. 104
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
SANTA FE /		OR ALLOWABLE	Effective 1-1-65
FILE /		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	45
LAND OFFICE			
RANSPORTER OIL			<i>y</i>
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Pubco Petroleum Corpora	ition		
P. O. Box 1419, Albuque Reason(s) for filing (Check proper box)	erque, New Mexico 87103	Other (Please explain)	
New Well	Change in Transporter of:	Name changed fro	m State #14
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	EASE Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease
State Com R		o Mesaverde	State, Federal or Fee State
Location K			
	Park Park The C 1 the	e and 990 Feet From 1	The W
Unit Letter M ; 940	reet from the		
36 TOWN	nahip 30N Range 9	9W , NMPM, San Ju	ian Count
Line of Section 36 Town	John John		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	talia form in to be cent)
Name of Authorized Transporter of Oil	or Condensate 🔀	, , ,	
Plateau Inc.		P. O. Box 108, Farmingt	on, New Mexico
Name of Authorized Transporter of Cast	nghead Gas or Dry Gas 🛣	Address (Give address to which appro	
El Paso Natural Gas Co	mpany	P. O. Box 1492, El Paso	o, Texas 79999
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.	M 36 30N 9W	Yes	
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
If this production is commingled with COMPLETION DATA			Plug Back   Same Res'v. Diff. Re
	Oil Well Gas Well	New Weil Workover Deepen	Plug Dack
Designate Type of Completio			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopin
			Depth Casing Shoe
Perforations			
		7.7.000	
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	37010 012
		<u> </u>	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load of	ii and must be equal to or exceed top t
OIL WELL	able for this a	depth or be for full 24 hours)  Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	Producing Method (1.100, pane, pane,	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cdemá Liasama	(PPFII)
		Water-Bbls.	Carlot TVEN
	Oil-Bbls.	Marer - Dave.	/ ILLULITU /
Actual Prod. During Test			1
Actual Prod. During Test			
Actual Prod. During Test			DEC 2 1965
GAS WELL		Dhia Condensate AAACE	
	Length of Test	Bbls. Condensate/MMCF	dinvity of Godf-GOM.
GAS WELL Actual Prod. Test-MCF/D			
GAS WELL	Length of Test Tubing Pressure	Bbls. Condensate/MMCF  Casing Pressure	divity of god ocom.
GAS WELL Actual Prod. Test-MCF/D		Casing Pressure	Choke Size
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	divity of god ocom.
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIAN	Tubing Pressure	Casing Pressure OIL CONSER	Choke Size
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIAN	Tubing Pressure  NCE	OIL CONSERV	Choke Size  VATION COMMISSION  , 19
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  /I. CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Tubing Pressure	Casing Pressure  OIL CONSERV  On APPROVED 1965	Choke Size  VATION COMMISSION  , 19

(Signature)

(Title)

(Date)

Area Production Manager

November 29, 1965

APPROV	EDDEC 2	. <b>1965</b> Sage of Tay		, 19	
BY	A. K N	DM ENGINEER	DIST.	NO. 3	_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multiple completed wells.

NO. OF COPIES RECEIVED			4
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			1
IRANSPORTER	OIL		
THANS! ON EN	GAS	1	
OPERATOR			
PRORATION OF	Ĭ′		
Operator			

	SANTA FE /	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS /	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
1.	OPERATOR / PRORATION OFFICE					
	Pubco Petroleum Corpo:	ration				
		uerque, New Mexico 87103				
	Reason(s) for filing (Check proper box)  New Well  Recompletion		Other (Please explain)  Name changed f	rom State #14		
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	LEASE Lease No.   Well No.   Pool Nan	ne, Including Formation	Kind of Lease		
	State Com R	14 Blanco	Pictured Cliffs	State, Federal or Fee State		
	Unit Letter M ; 940	Feet From The S Line	e and 990 Feet From	The W		
	Line of Section 36 Tow	vnship 30N Range 9W	, NMPM, San Ju	an County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	S   Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas El Paso Natural Gas Co	ompany	Address (Give address to which appro P. O. Box 1492, El Paso	o, Texas 79999		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 36 30N 9W	Is gas actually connected? What Yes	hen		
		th that from any other lease or pool,	give commingling order number:			
1 .	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	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		
	Perforations	erforations Depth Casing Shoe				
	101 5 6175	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOBING SIZE				
••	THE PARA AND REQUEST FO	OD ALLOWADIE (Task must be a	fter recovery of total values of land of	l and must be equal to or exceed top allow-		
▼.	TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas l			
	Date First New Oil Hun to lanks	Dute of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Str		
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	LEGINTO /		
	GAS WELL			DEC 2 1965		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	CIST. 3		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chok Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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.		APPROVED DEC 2 1965 , 19 Original Signed By BY R. KINDRICK			
		,	TITLE PETROLEUM E	NGINEER DIST. NO. 3		
	Chilile E.K.	Z	If this is a request for allo	compliance with RULE 1104.		
	(5.5.	(/ / l	well, this form must be accomp tests taken on the well in acc	eanied by a tabulation of the devisition ordance with RULE 111.		
	Area Production Manage	tle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	November 29,1965		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			

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 weils.

