NO. OF COPIES RECE	OF COPIES RECEIVED				
DISTRIBUTION			1	2	ĺ
SANTA FE			1		
FILE	ILE			V	İ
U.S.G.S.			_		l
LAND OFFICE			_		
	OIL	$\perp I$			
IRANSPORTER	GAS	1	-		
OPERATOR			2		
SECRATION OFFICE				1	

NO. OF COPIES RECEIVED				
DISTRIBUTION		SERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110		
ANTA FE	/	R ALLOWABLE	Effective 1-1-65	
TILE		PORT OIL AND NATURAL GA	S	
).S.G.S.	AUTHORIZATION TO TRANS	SKY SIE AND IMPONIE		
AND OFFICE			,	
RANSPORTER GAS	•			
OPERATOR 3				
PRORATION OFFICE				
perator				
\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TY CO DON			
P. O. Drawer 570, Far	mington New Mexico 8740	01		
P. U. Drawer 570, rat Reason(s) for filing (Check proper box)	mingeon	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	GAME CHAM <b>CS</b>		
Change in Ownership	Casinghead Gas Condensat	te	334 33 E-18020	
change give name nd address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Farm	ington, New Mexico 8740	
DESCRIPTION OF WELL AND I	LEASE   Well No.; Pool Name, Including Form	mation Kind of Lease	Leas• No.	
Lease Name Dichardson	#6 Basin Dakota	i Coman Englandi	or Fee Federal SF-07703	
Richardson			<b>.</b>	
Location / I 1	650 Feet From The South Line of	and 990 Feet From T	he East	
Unit Letter;;		σ.		
Line of Section 22 Tov	waship 31 NOrth Range 12	Z West , NMPM, San	Juan County	
	<del></del>			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized Transporter of Off	0. 002	P 0 Box 108, Farmingt	on, New Mexico 87401	
Plateau, Inc.	er Dry Gas A	Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized Transporter of Car Southern Union Gathe	singuista des	Fidelity Union Tower, I	allas, Texas 75201	
	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n	
if well produces oil or liquids, give location of tanks.		1		
give location of .az.	ith that from any other lease or pool, gi	ive commingling order number:		
If this production is commingled win COMPLETION DATA			Plug Back   Same Resty.   Diff. Resty	
	Oil Weil	New Well Workover Deepen	Find Date:	
Designate Type of Completi	on $-(\lambda)$	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	Name of Producing Formation	Top Oil/Gas-Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing remailed			
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD	OLONG CITATAL	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE				
			and must be equal to or exceed too allo	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be after this de	fter recovery of total volume of load bit pth or be for full 24 hours)	and must be equal to or exceed top allo	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)	
Date First New Oil Run To Tanks	Date of Topic			
	Tubing Pressure	Cosing Pressure	Choke Size	
Length of Test		255	G-MGE	
Actual Prod. During Test	Oli-Bbla.	Water-Bhis.		
			5 P 3 S 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		*** **********************************	1 0 10 10 1	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	101.0	M COM	
	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-ia)	Chake Size	
Testing Method (pitot, back pr.)	I mind wiessen Comments	1		
		OIL CONSERV	ATION COMMISSION	
I. CERTIFICATE OF COMPLIA	NCE	11		
	1 takin of the Oil Conservation	. 11	121978	
I hereby certify that the rules ar	nd regulations of the Oil Conservation d with and that the information given the heat of my knowledge and belief.	Original S	igned by A. R. Kendrick	
above is true and complete to	the best of my knowledge and belief.			
	/ /)	TITLESUP	eryisor dist. #3	
		This form is to be filed in	n compliance with RULE 1104.	
	an Karan	If this is a request for all	owable for a newly drilled or deeper	
/S	ignature 1	well, this form must be accom	cordance with RULE 111.	
District	· · · · · · · · · · · · · · · · · · ·	All pactions of this form	must be filled out completely for all	
		the am and recompleted	Weils.	

1 (Title)

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, H. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

well name or number, or transporter, or other such constant

Separate Forms C-104 must be filed for each pool in multiply completed wells.