HO. OF COPIES RECI	5		
DISTRIBUTIO	SH.]	
SANTA FE		i	
FILE		1	سن
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		İ
OPERATOR		2	
PRORATION OF			
0-0000			

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE /	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR 2				
Operator				
Associated Roy	alty Company			
	ink Center; Denver, Co	lorado 80202		
Reason(s) for filing (Check proper		Ottor (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Ga	rs [
Change in Ownership X	Casinghead Gas Conder	risate		
If change of ownership give name and address of previous owner	Humble Oil & Refining	; Box 1600; Midland	, Texas 79701	
I. DESCRIPTION OF WELL AN	• I Wall No. Loo Hara Including F	ormation Kind of Leas	e Legse No.	
of Indians G	be 216 Many Rocks	State, Federa	Figure 1 $4 - \frac{2000}{2033}$ $4 - \frac{2000}{2033}$	
Location	1000	1000		
Unit Letter F ;	1980 Feet From The north Lin	ne and 1980 Feet From	The west	
Line of Section 1	Township 31N Range	17₩ , NMPM,	San Juan County	
I DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of	Oil 🛣 or Condensate 🗔	Address (Give address to which appro		
Shell Pipeline Name of Authorized Transporter of	Corp. Casinghead Gas or Dry Gas	Box 1588: Farmingte Address (Give address to which appro	on, New Mexico 87401 oved copy of this form is to be sent)	
		100		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 10 31 17	Is gas actually connected? . Wh	nen.	
	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 Comple	etion — (X)	i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc	., Name of Producing Formation	Top Off/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DET THE DET		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Scaring Pressure		
Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gas - MCF	
			- / ALLIVED	
GAS WELL		1011 0 100	Complete of Condensate To	
Actual Proc. Test-MJF/D	Length of Test	Bbls. Condensate/MMCF	""bec 29 1972	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choka Siz CON. COM.	
		OIL CONSERV	ATION COMMISSION	
I. CERTIFICATE OF COMPLI	ANCE	DEC	z 9 1972	
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED Signed ?	ov Emery C. Arnold	
Commission have been complied above is true and complete to	ed with and that the information given the best of my knowledge and belief.	Original Signed by Emery C. Arnold		
		TITLE		
**	T T TT + T		compliance with RULE 1104.	
J. D. Hicks (Signature) President		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.		
Engineering & P	roduction Service, Inc	Att sections of this form m	ust be filled out completely for allow-	
-	(Title)	in this on new and recompleted w	Vells.	
12-31-72	(Date)	well name or number, or transpo	 II. III, and VI for changes of owner, rter, or other such change of condition. 	