كسيد والكوانات والمراجع والمراجع				
NO. OF COTIES RECEIVED		5		
SISTRIBUTION				
SANTA FE		/		
FILE		/	<u>_</u>	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS			
OPERATOR		7		
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	U.S.G.S.	ALITHODIZATION TO TRA	AND INSPORT OIL AND NATURAL (Effective 1-1-65		
	LAND OFFICE	_ AUTHORIZATION TO TRA	MATURAL	(.5) L'-		
	TRANSPORTER OIL /	-				
	OPERATOR >	-				
i.	PRORATION OFFICE					
	Atlantic Hichfield Company					
	501 Lincoln Tower Building, 1860 Lincoln St., Denver, Colorado 80203 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well X	Change in Transporter of: Oil Dry Ga:	s			
	Change in Ownership	Casinghead Gas Conden				
	If change of ownership give name and address of previous owner					
IJ.	DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including Fo	crmation Kind of Leas	se 1.ease No.		
	Horseshoe Gallup Unit 295 Horseshoe Gallup State, Federal or Fee #14-20-603-734					
	Location		e and	The East		
		wnship 31N Range	•	n Juan County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Shell Pipeline Compan			mington, New Mex. 87401		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)		
			100			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 30 31N 16W	Is gas actually connected?	nen		
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8/1/76	8/18/76	1340'	1316 •		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Lower Gallup	Too Oil/Gas Pay Formation - 1270	Tubing Depth 2-7/8" @ 1295		
	5430' GL; 5441' KB	Tower dailup	Perfs 1274	Depth Casing Shoe		
	1	-1282 '		1340'		
	TUBING, CASING, AN		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	132 KB	SACKS CEMENT		
	12 -1/ ¼" 7 - 7/8"	5-1/2" OD	13 490 KB	120 sx 225 sx		
	1-170)=1/2 Oi				
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil pth 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 i	ift, etc.)		
	8/18/76	8/19-20/76	Pumping, 2" pump,	11 - 36" SPM		
	Length of Test	Tubing Pressure	Casing Pressure	Chok		
	24 hrs	Oil-Bbis.	Water-Bbls.	Gal-NCF		
	Actual Prod. During Test 218 BF	109 bbl	109 bbl.	Too small to meas.		
			<u> </u>	SEP STATE		
	GAS WELL 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 5420		
	. esting Method (phot, back pr.)	Austria (dias-22)				
VI.	CERTIFICATE OF COMPLIAN	ICE	[1	ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above in true and complete to the best of my knowledge and belief. M. E. Brand. (Signature)		APPROVED SEP 9 1976 BY Original Signed by A. R. Kendrick			
			TITLE SUPERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104.			
	11/1. E. Drew	TU	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			
	Operations Inform, Asst		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	(T	itle)	able on new and recompleted w	able on new and recompleted wells.		
	9/2/76	lata)	Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner, rter, or other such change of condition.		
	(Date)		Melt begge of persons of resistances of comments of co			