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	DISTRIBUTION			
Ì	SANTA FE			
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	U.S.G.S.			
	LAND OFFICE		K	
	TRANSPORTER	OIL	1	
		GAS	1	
	OPERATOR		/	
1.	PRORATION OFFICE		<u> </u>	

-  -  -  -  -	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE						
1.	Operator	· · · · · · · · · · · · · · · · · · ·		1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (			
	Address						
	P. O. Drawer 570, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well X  Recompletion  Change in Ownership	Change in Transporter of:  Oil Dry Gas  Casinghead Gas Condens	一一				
	If change of ownership give name and address of previous owner.	-	<u> </u>				
II.	II. DESCRIPTION OF WELL AND LEASE    Lease Name						
	Lease Name Randleman	#1-A Blanco Mesa Ve		or Fee Fee			
	Unit Letter						
	Line of Section 13 Town	nship 31 North Range 1	11 West , NMPM,	San Juan County			
III.	DESIGNATION OF TRANSPORT	ER 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 Oil Plateau, Inc.		P. O. Box 108, Farmingt Address (Give address to which approv	on. New Mexico 87401			
	Name of Authorized Transporter of Casi Gas Company of New Men		Fidelity Union Tower, I	i i			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
IV.	If this production is commingled with COMPLETION DATA		New Well   Workover   Deepen	Plug Back   Same Res'v.   Diff. Res'v.			
	Designate Type of Completion	n – (X)	X	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 5063	5022			
	7-26-76 Elevations (DF, RKB, RT, GR, etc.)	9-15-76 Name of Producing Formation	Top Oil/Gas Pay 4096	Tubing Depth			
	5787 DF	5787 DF Mesa Verde		4983 Depth Casing Shoe			
		See The Back Of This Report For Perforations.  TUBING, CASING, AND		5063			
	HOLE SIZE			SACKS CEMENT			
	13-3/4"	9-5/8"	235	190 Sacks			
	8-3/4"	7''	2788'	310 Sacks 240 Sacks			
	6-1/4"	4-1/2"	2672-5063 4983	Z40 Sacks			
v	V. TEST DATA AND REQUEST FOR ALLOWABLE  (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	6017	3 Hours	Casing Pressure (Shut-in)	Choke Size			
	Tenting Method (pitot, back pr.)	Tubing Pressure (Shut-1A)	723	3/4"			
	Back-Pressure CERTIFICATE OF COMPLIAN			ATION COMMISSION			
V				, 19			
		regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED				
	ADDIE 18 CIAO CIAO COMPANI		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 transporten or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply moleted wells.				
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		nature)					
	District Product	ion Manager (ule)					
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		ate)					

## PERFORATIONS:

4744, 4755, 4766, 4775, 4784, 4793, 4804, 4814, 4830, 4913, 4971, 5006.

4096, 4107, 4137, 4186, 4196, 4204, 4212, 4221, 4242, 4248, 4269, 4395, 4409, 4434, 4470, 4480, 4541, 4563.