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SANTA FE		1		j
FILE		1		
U.S.G.S.		1	1	
LAND OFFICE				
	1 011			1

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	SANTA FE /	NEW MEXICO OIL	L CORSERVATION COMMISSION FOR ALLOWABLE	Supersedes Ol	d C-104 and C-		
U.S.G.S.			AND		Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATU	RAL GAS			
	OIL						
	TRANSPORTER						
	GAS						
	OPERATOR /		•				
1	PRORATION OFFICE Operator						
	W. P. Carr						
		Lane, Dallas, Texas					
	Reason(s) for filing (Check proper be		Other (Please explain	n)			
		Change in Transporter of:					
	Recompletion	Gas					
	Change in Ownership	Casinghead Gas Cond	densate				
	If change of ownership give name				<del>- 4</del>		
	and address of previous owner						
					<del></del>		
H	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including	Formation Kind o	of Lease	Lease No.		
	Larcher	3 Blanco P	C State,	<del>Ted</del> eral or Fee			
	Location				-d. <u></u>		
	Unit Letter N ; 11	L60 Feet From The South L	ine and 1700 Feet	From TheWest			
			r ee	riom The WCSC			
	Line of Section 7 T	ownship 31N Range	10W , NMPM,	San Juan	C		
			2.011	Sair Juair	County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of O			approved copy of this form is to	be sent)		
				.,,,,	, , , , , , , , , , , , , , , , , , , ,		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which	approved copy of this form is to	he sent		
	El Paso Natural Gas Co	*** <u> </u>			oe sem)		
		Unit   Sec.   Twp.   Rge.	Box 990 - Farmington, N.M. 87401				
	If well produces oil or liquids, give location of tanks.	twp: Tige:	1	When			
		<del></del>	110				
	If this production is commingled w	ith that from any other lease or pool	, give commingling order number	r:			
IV.	COMPLETION DATA	Louis II Lou					
	Designate Type of Completi	ion - (X)	New Well Workover Deep	pen Plug Back Same Res	v. Diff. Restv.		
					1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12-20-76	Name of Producing Formation	2735 Top Oil/Gas Pay	2559			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	5826 GL	PICTURED CLIFFS	2582	2660			
	2582 to 2636			Depth Casing Shoe			
	2582 to	2636		2707	2707 KB		
		TUBING, CASING, AN	ID CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEME	ENT		
	1214	878	172	175			
	674	27/8	2707	\$5-O			
	7	~ / 0	10/0/	330			
••			<del></del>				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of los lepth or be for full 24 source)	id oil and must be equal to or ex	ceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Market Villa Day	ear lift, etc.)			
	Date First New Oil Aun 10 1 days	Date of Test	Producting Manager 11 and 12 a	astifi, etc.)			
			(01)1111	<u>,                                      </u>			
	Length of Test	Tubing Pressure	Casing Postage	Choke Size	İ		
			27131				
	Actual Prod. During Test	Oil-Bbls.	Water-Bile. MAY 27 191	M. Gas-MCF			
			OIL COLAT				
	OIL COIL. 3						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCr	Gravity of Condensate			
- {	1037 AOF Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					
ı	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	$P_0P$	-	990	18	]		
TALE .	CERTIFICATE OF COMPLIAN	CF	OIL CONSE	RVATION COMMISSION			
4 T.	CERTIFICATE OF COMPLIAN	CE CONTRACTOR OF THE CONTRACTO	OIL CONSE	1AV 9 H 1077			
			APPROVED	IAY 27 1977	9		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	a glaned by A R Kendrick				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			II BY				
			SUPERVISOR DIST. #3				
			TITLE				
			This form is to be filed in compliance with RULE 1104.				
	27716	5///225		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
-	(Sian	ature)	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 allow-				
		r W. P. Carr					
•		tle)					
	,	•	able on new and recompleted wells.				
•		27/77 ate)	Fill out only Sections well name or number, or tran	Fit1 out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
	(1)	,	11	•			

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.

Section C-104 must be filed for each cool in multiply