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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator		Plateau, Inc.	
Name		Plateau, Inc. 37401	
Reasons for filing (check proper box)		Other (if lease explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Dry Gas	☐
		Condensate	☐
		Name change	

In change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Maddox Waller	1A	Blanco Mesa Verde	State, Federal or Fee	
Location				
Unit Letter	C	800 Feet From The North	Line and 1465	Feet From The West
Section	14	Township	32N	Range 11W
San Juan			County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Box 108, Farmington, New Mexico
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Com.	Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of units	Unit Sec. Twp. Rge.
	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

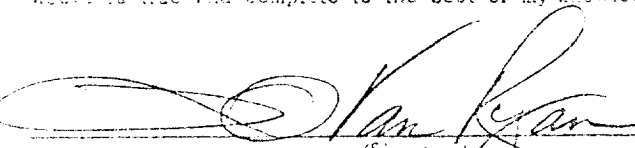
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Water Well	Other	Plug Back	Other Reformation	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					

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)

Date Spud New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Testing Pressure	Casing Pressure	Choke Size
Test Method (Flow Test)	Oil-Bbls.	Water-Bbls.	Gas-MCF
CASE WELL	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
District Production Manager
(Title)
1-1-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 2 1978, 19
Original Signed by A. R. Kendrick
BY
TITLE SUPERVISOR DIST. 45

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 transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply