1.	DISTRIBUTION SANTA FI FILL U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PROCESSION OFFICE	AU					
	C & E Operators, In						
	Address Address						
	One Energy Square, S Reason(s) for filing (Check proper box)						
	New Well	Chanc					
	Recompletion	Cil					
	Change in Ownership	Casin					
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AND I	FASE					
	Lease Name	Well					
	Heaton	1A					
	Unit Letter .0 790	Feet					
	Olin Letter						
	Line of Section 33 Tow	nship .					
II.	DESIGNATION OF TRANSPORT	ER OF C					
	Name of Authorized Transporter of CII Plateau, Inc.	(X)					
	Name of Authorized Transporter of Cas	inghead Ga					
		Company					
	If well produces oil or liquids, give location of tanks.	Unit					
	If this production is commingled wit	h that froπ					
V.	COMPLETION DATA						
	Designate Type of Completion - (X)						
	Date Spudded	Date Comp					
	Elevations (DF, RKB, RT, GR, etc.,	Name of P					
	-	Во					
	Perforations 19 Perforations 26 Perforations						
	20 1 021 011 011						
	HOLE SIZE	CAS					
	13-3/4 8-3/4						
	6-1/4						
	1						

NEW MEXICO OIL COUSERVATION COMMISSION REQUEST FOR ALLOWABLE CINA

Porm C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

•	U.S.G.S. LAND OFFICE TRANSPORTER OIL	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL G	AS			
1.	C & E Operators, Inc.							
	ddtess							
	One Energy Square, Suite 170, Dallas, Texas 75206 Reoson(s) for filing (Check proper box) Other (Please explain)							
	New Well X Change in Transporter of:							
	Recompletion Change in Ownership	Cil Dry Go Casinghead Gas Conde	F5					
	If change of ownership give name and address of previous owner							
H.			Kind of Lease State, Federal	or Fee Fee	Lease No.			
Location 1A BIRICO MV 1190						J		
	Unit Letter							
	Line of Section 33 To	wnship 31N Range 1	1W , NMPM	,	San Juan	County		
111.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent)							
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Box 108 - Farmington, N.M. 87401 Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas		Box 990 - Fa			•		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte					
	give location of tanks.	33 31N 11W	No					
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Deepen	Plug Back Same Res'	v. Diff. Res'v.		
	Designate Type of Completi-		X	, , _,h				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		49 6 0			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Bottom M.V.	Top O!1/Gas Pay 4370		Tubing Depth 4918.06	İ		
	Perforations 19 Perforations in Menefee - 4370 - 459		<u> </u>		Depth Casing Shoe			
	26 Perforations - Pt. Lookout - 4650 - 4960 TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT		
	13-3/4	9-5/8	294.30		275 Sks - Clas			
	8-3/4	7 4-1/2	2593.24 4982		250 Sks - 50/5 310 Sks - 50/5			
	6-1/4	2-3/8	4918.06		310 3KS - 30/3	0 102		
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 allow-							
	OH, WELL Date First New OH Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Pred. During Test	Cil-Bbis.	Water - Bbls.		Gas-MCF			
	Actual Plea. Bulling 1991	0 33.5.						
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI	=	Gravity of Condensate			
	Testing Method (putot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size			
•••	CERTIFICATE OF COMPLIAN	755 CE	1200	ONSERVA	TION COMMISSION	 		
VI.	CERTIFICATE OF COMPLIANCE		[1					
	I hereby certify that the rules and Commission have been complied to	APPROVEDOriginal :	Signui .		19			
	above is true and complete to the	BY						
	,		11					
	P.R. Cumungham		11 11 12 2 2 2 2 2	ant for allow	ompliance with RULE able for a newly drille	d or deepened		
13	(Signature)		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 to the section of the section of the section of the section.					
	(Ti	4-37.1978		able on new and recompleted wells.				
	4-9 ////	ate)	ll well came or number	r, or transporte	er, or other such change be filed for each po	of condition.		
			-					