HO OF COPIES PECS	1460		
DISTRIBUTION			
SANTAFE			
FILE			
U.S.G.R.			. _ -
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

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

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
	U.S.G.R.	AUTHODIZATION TO TOA	-AND VSPORT OIL AND NATURAL G	AC						
	LAND OFFICE	AUTHORIZATION TO TRAI	ASPORT OF AND NATURAL G	^3						
	TRANSPORTER OIL									
	GAS									
	OPERATOR									
I.	PRORATION OFFICE									
	OKLAHOMA OIL CO	MPANY								
	1120 One Energy	Square, Dallas, Jexas 7	5206							
	Reason(s) for filing (Check proper box)		Other (Please explain)							
	New Well	Change in Transporter of: Off Dry Gas								
	Recompletion Chunge in Ownership	Casinghead Gas Condent								
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.						
	Lease Name Nickles	1 ½ /N Blanco, Mesa		lorFee Federal NM24907						
	Location	1277 Branco, resu	1570	1 (46.4) 1 (11.2 1307)						
	Unit Letter 0 : 800	Feet From The South Line		rhe East						
	Line of Section 11 Tow	mship 31N Range 13	W , NMPM, San Ju	an County						
•••	DESIGNATION OF TRANSPORT	CER OF OU AND NATURAL GA	s							
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ved copy of this form is to be sent)						
	Plateau		P.O. Box 489 Blook Address (Give address to which appro-	mfield, NM 87413						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas								
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	Box 990 Farmington, N Is gas actually connected? Who	M 8/4U1 en						
	If well produces oil or liquids, give location of tanks.	0 11 31N 13W	No							
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion		χ .							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	12/30/80	4/3/81 Name of Producing Formation	6875 Top Oli/Gas Pay	6832 Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.)		4407	4514						
	5754 gr	Mesa Verde	1107	Depth Casing Shoe						
	4407-4644			6875						
	TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	281	275						
	12 1/4 7 7/8	8 5/8 5 1/2	6875	840						
	7 770									
		1								
V		OR ALLOWABLE (Test must be a able for this de		and must be equal to or exceed top allow						
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ifi, etc.)						
			Casing Pressure	Choke Sike						
	Length of Test	Tubing Pressure	1 2	Choke Gike						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gan-MCF						
				19 T. 3						
			The state of the s							
	GAS WELL Actual Frod. Toot-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	4007	3 Hours	O Casing Pressure (Shut-in)	N/A Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18)	3/4"						
	back pr.	920	970	ATION COMMISSION						
٧I	. CERTIFICATE OF COMPLIAN	CE	11							
		regulations of the Oil Conservation	APPROVEDNOV 23 1891							
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.			Original Signed by FRA	NK T. CHAVEZ						
			BY Original Signed by FRA	SUPERVISOR DISTRICT # ?						
	n / Mal		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense							
John Alexander AGENT			If this is a request for allowable for a newly drilled of deviation 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							
							_ 5/5/81	المتعادد المتعاد المتعاد المتعادد	Fill out only Sections I.	II. III, and VI for changes of owner iten or other such change of condition
								ul#/	Mall Dama of uniquest of command	