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SANTA FE			
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U.S.G.S.	U.S.G.S.		
LAND OFFICE			
IRANSPORTER	OIL		
, mangrant En	GAS		
OPERATOR	OPERATOR		
PRORATION OF			
Operator Oklahoma Oil Compa			
Addrect O Engin	eerin	g &	Pr

	SANTA FE FILE	1	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
I.	PRORATION OFFICE Operator				
	Oklahoma Oil Compan	-			
	P.O. Box 190, Farm	roduction Service, Inc.		· 	
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)		
	New We!1 Recompletion	Change in Transporter of: OIL XX Dry Go			
	Change in Ownership	Casinghead Gas Conde			
	If chenge of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Lease Name Nickles	Well No. Pool Name, including F		or Fee Federal NM24907	
	Location	800 Feet From The SOUTH Lir	1570	he EAst	
	Line of Section 11 To	ewnship 31N Range	13W , NMPM, San J	ในล ท County	
IH.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	3311		
	Name of Authorized Transporter of O	or Condensate _X		,	
	Name a: Authorized Transporter of C	and c	p o Box 256, Farmingto Address (Give address to which approve		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	is gas actually connected? When	n	
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,			
	Designate Type of Completi		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	10150175	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING SIZE			
		i			
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
	Length of Test	Tubing Pressure	Coming Pressure	thok 24.	
			1/11/2		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. JAN 03 1985		
i	CAS WELL				
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF 3	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			011 0011550145	TION COMMISSION	
VI.	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.		OIL CONSERVA	√ 3 1094	
			APPROVED	, 19	
			BY	Sugar and morphore 78.3	
			TITLE	Supplied States	
C) _t	1 total ho	hia	This form is to be filed in co		
1	Katharino Jonkine Sign	nature)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation		
Katharine Jenkins (Signature) Agent			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		

(Title)

(Date)

__January2, 1985

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.

HO OF COMIES REC	IVED	1	
DISTRIBUTION			 !
SANTA FE			
FILE			
U.S.G.S.		Ī	
LAND OFFICE			
IRANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

January 2, 1985

(Title)

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
1.	I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
	Oklahoma Oil Comp	oa ny		
	Box 190, Farmingt			
	Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)	
	Recompletion Change in Ownership	OII XX Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lea	ase Lease No.
	Lease Name Nickles	1M Basin D		eral or Fee Federal NM24907
	Location O 8	00 Feet From The South Lir	1596	The East
	Line of Section 11 To	ownship 31N Range	13 , NMPM, San	Juan County
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS	roved copy of this form is to be sent)
	Name of Authorized Transporter of O Giant Refinery Nume of Authorized Transporter of O	asinghed Gas or Dry Gas	P.O. Box 256, Farmi	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?	/her.
IV.	If this production is commingled w	ith that from any other lease or pcol,		Plua Back Same Resty, Diff. Resty,
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Hes'v. Dill. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth Depth Casing Shoe
	Perforations			Depth Cushing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	<u> </u>			
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allow-
	OII. WELL Date First New Oir Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	On-Bels.	Water-Bbls.	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teeging Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	NCE		VATION COMMISSION
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.		APPROVED Trank	Janey 19	
		TITLE	SUPERMISOR DISTRICT # 3	
		<i>i</i> .	This form is to be filed in	compliance with RULE 1104.
Katharine Jepkins (Signature)		If this is a request for all well, this form must be accompant tests taken on the well in acc	owable for a newly drilled or deepened panied by a tabulation of the deviation ordance with NULE 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.