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٢	NO. OF COPIES RECE	4				
-	DISTRIBUTIO	М				
Ţ	SANTA FE					
1	FILE			_		
ļ	U.S.G.S.					
Ì	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
1.	OPERATOR					
	PRORATION OF					
•••	Operator					
	Jan					
	Address					

	DISTRIBUTION NEW MEXICO OIL CONSERVAT  REQUEST FOR ALLO  AND			ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND P	NATURAL GA	AS	<del></del> -			
	Operator	James P. Woosley							
-	Address								
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	ate			74774			
	If change of ownership give name and address of previous owner	Murphy Oil Corp., 2	200 Jefferson	Ave., R1	Dorado, Arkana	RE (1/20			
11.	DESCRIPTION OF WELL AND L	EASE Well No.   Pool Name, Including For	rmation	Kind of Lease		Lease No.			
	Lease Name Nevajo AA	2 North Many Rost		State, Federal	or Fee Indian				
	Location				So od				
	Unit Letter H : 2310	Feet From The <b>North</b> Line	and 905	Feet From T	he East				
	Line of Section 18 Tow	mship 32K Range 17	, NMP	M, San Juai	n County	County			
			~						
ш.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address	to which approv	ed copy of this form is t	o be sent)			
	1	neline Co.	P.O. Box 158	8, Farmin	ston, New Mexi	30 87401			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address Is gas actually connec	Address (Give address to which approved copy of this form is to be sem)					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas detudity connec	l l					
	give location of tanks.	H 18 32H 17W th that from any other lease or pool, a	give commingling ord	er number:					
īV.	If this production is commingled with COMPLETION DATA		New Well Workover		Plug Back   Same Re	s'v. Diff. Res'v.			
	Designate Type of Completic	011 11011	New Well	1					
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Date Spudded	0.407	15241		15031				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	53711	Lower Gallup	1468*		Depth Casing Shoe				
	Perforations   gun-perforation	ne 8 14751 - 771			1503'				
	e gun-parioratio	TUBING, CASING, AND	CEMENTING RECO	ORD	T				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CE	MENI			
	9"	7*	33.00°		TOSX				
	67,4	44.*	1 523.	791	30 Sx				
				• •	<u> </u>				
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total very the or be for full 24 ho	plume of load oil	and must be equal to or	exceed top allow-			
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas l	ift, etc.)				
	Date First New Oil Run 10 1 unixs				Tax a second				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
		Total Divis	Water-Bbls.		Gas-MOF				
	Actual Prod. During Test	Oil-Bbis.			1,120	-11 LU			
		MAY 2	7 1970						
	GAS WELL		Bbls. Condensate/M	MCF	Grav y O Condon a	1070			
	Actual Prod. Test-MCF/D	Length of Test	BDIB: COMMENDATO, III		OIL CON	COM.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S)	out-in)	Choke Siz DIST	. 3			
	reacted Marson (hans) ages buy		<del></del>						
v	I. CERTIFICATE OF COMPLIAN	ATION COMMISSI							
•			APPROVED		M	AY, 2 7 1970			
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	Original	Original Signed by Emery C. Arnold SUPERVISOR DIST. #5					
	above is true and complete to the	he best of my knowledge and belief.	11						
			TITLE						
		This form i	This form is to be filed in compliance with RULE 1104.						
	James 4	toosley		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.					
	# (Sig	inditure)							
	op reen con	Fiele)	THE WAR ON ALL						
	May 25	1970 -	17						
	May 20,	I wall name or nu	well name or number, or transporter, or other such change of condition well name Forms C-104 must be filed for each pool in multiply						

Fill out only Sections I, II, III, and VI for changes or 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 completed wells.