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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PRORATION OFFICE	

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 Pubco Petroleum Corporation	
Address P. O. Box 1419, Albuquerque, New Mexico 87103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Name changed from State #1-X
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name State Com F	Lease No. 1-X	Well No. Blanco Mesaverde	Kind of Lease State, Federal or Fee State
Location Unit Letter N ; 990 Feet From The South Line and 1650 Feet From The West Line of Section 36 Township 32N Range 12W , NMPM, San Juan County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> So. Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., 1507 Pacific Ave. Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 36 32N 12W	Yes

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well 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 Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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 First New Oil 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	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 1305
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 DEC 2 1965 , 19	
BY _____		TITLE PETROLEUM ENGINEER DIST. NO. 3	
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 allow-			