		,	1
NO OF CORES SECTION 1	/ 	/	
CIST BIBLITION	1		
DISTRIBUTION	1 1	CONSERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE /	1	AND	
U.S.G.S.	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL (GAS
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR)			
PRORATION OFFICE			
Operator			
Colonial Pro		2-1:5 - 1:000	AND THE RESERVE TO THE PARTY OF
Reason(s) for filing (Check prope	Blvd., Los Angeles, (Other (Please explain)	
· —			
New Well	Change in Transporter of:		lana Di III
Recompletion	OII Dry	Jease Name Cu	ange from Jie. #10
Change in Ownership	Casinghead Gas Cond	lensate	· U U
and address of previous owner DESCRIPTION OF WELL A	ND LEASE Well No. Poo. Name, Including	ı	74.0 20.0
Jicarilla Apac	he 10 Ballard Fig	cture Cliff State, Feder	al or Fee 31C.
Location		_	
Unit Letter C ;	690 Feet From The North	ine and 1850 Feet From	The West
Line of Section 15	Township 23-N Range	4-W , NMFM, Rio A	Arriba County
I. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL O	GAS	
Name of Authorized Transporter	of Oil or Condensate	Aidress (Give address to which appr	oved copy of this form is to be sent)
1			
Name of Authorized Transporter	of Casinghead Gas or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)
El Paso Natural		Box 990, Farmingto	on. N. M.
	Unit Sec. Twp. Rge.		hen
If well produces oil or liquids, give location of tanks.			
<u> </u>			
	ed with that from any other lease or poo	ol, give commingling order number:	
Designate Type of Com	pletion - (X)	New Wei: Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
5-27-69	6-13-69	3007	2953
Elevations (DF, RKB, RT, GR,	Name of Froducing Formation	Top Cti/Gas Pay	Tubing Depth
7292-KB	Ficture Cliff	2896	2 90 9
Perforations			Depth Casing Shoe
2896-2915			3007
	TUBING CASING A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7-5/8"	141	50 sxs
	1 1/0	2935	100 sxs
6-3/4	4-1/2	4393	100 303
			+
<u> </u>			
V. TEST DATA AND REQUE			il and must be equal to or exceed top allow
OIL WELL		Producing Method (Flow, pump, gas	life etc.)
Date First New Oil Run To Tank	Date of Test	Producing Mainon (Prom, pump, gas	
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
			Con MCE
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF
		_1	
·			
GAS WELL			
Actual Prod. Test-MCF/D			
3/4"790 1030 CA	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
13/4 /JU 1030 (2)	l e e e e e e e e e e e e e e e e e e e	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.,	OF 3 hrs.	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
Testing Method (pitot, back pr.,	OF 3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
	OF 3 hrs. Tubing Pressure (Shut-in) 586 psig	Casing Pressure (Shut-in) 586 psig	Choke Size

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.

t, Walsh Engineering & on Corporation

(Title)

July 14, 1969

This form is to be filed in compliance with RULE 1104.

APPROVED

BY.

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.

Jul 1 i MAS

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

