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SANTA FE	•	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.\$.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	L GAS
LAND OFFICE			L ONG
TRANSPORTER OIL			\
GAS	(DEVIATION S	SURVEYS ON B	ACK SIDE)
OPERATOR PRORATION OFFICE			-
Operator			
Home (Imen	ican Petroleu	Casa:	
Address	source personal	mo cogo.	
Sou 68.	26888 7 m	n 88240	
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	二!	
Change in Ownership	Casinghead Gas Conden	sate [_]	
If change of ownership give name			
and address of previous owner	<u> </u>		
II. DESCRIPTION OF WELL AND	TEACE 2	lildout	
Lease Name		ne, Including Formation	Kind of Lease
FEDERAL "F	74 /	_	
Location	VAUE	ESIGNATO DE VONTA	N State, rederat or ree FED
Unit Letter L : 23	00 Feet From The SOUTH Line	and 990' East E	om The WEST
	Teet From The Comment	e und reet r	om The WEST
Line of Section 3, To	ownship 9-S Range	35-6 , NMPM, L	F A County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)
Name of Authorized Transporter of Co	asing lead Gas or Dry Gas	Doy 3/19, /nu	aland Juras
ivalie of Authorized Transporter of Co	is indirected Gus or Dry Gas	Address (Give dadress to which ap	oproved copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	L 13 9 35	s das actually connected;	l ·
		110	· · · · · · · · · · · · · · · · · · ·
V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	$\operatorname{con} - (X)$	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-6-65	5-1-65	11991	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
unusignalia	Devonean	11940	11963
11940-11991	W/2SPF		Depth Casing Shoe
11 140- 11991		CEMENTING RECORD	11,940'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2 "	13 3/8 "	449 '	475
12 1/4 "	9 5/8 "	4950 '	2450
8 3/4 "	7 "	11940'	1300
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be for full 24 hours)	<u> </u>
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	5-2-65	7 Kewing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	434	55 BLW	
·			
GAS WELL	* ·	<u> </u>	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
·	1		
Testing Method (pitot, back pr.)	Tuging Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	ι ¢ Ε	OIL CONSER	RVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19	
	with and that the information given ne best of my knowledge and belief.	ВУ	3. V
-	v 200		
ė	· ·	TITLE	
60.100		This form is to be filed	in compliance with RULE 1104.
CRevilliani)		If this is a request for allowable for a newly drilled or deepened	
(Signature')		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
area Joreman		All sections of this form must be filled out completely for allow-	
5 K-1_"	65	able on new and recompleted	i wells.
			III, and VI only for changes of owner, porter, or other such change of condition.
Manufactured to solb to	*	parate Forms C-104	must be filed for each pool in multiply
14.2 (U.S.		a sampas keek er keer	

deviation sturing

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