	0.570.000				
	ANTA FE	NEW MEXICO OIL REQUEST	CONSERVATION DMMISSION FOR ALLOWALE	Form C-104 Supersedes Old C-104 and C	
	i.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	Effective 1-1-65	
	TRANSPORTER OIL /		• •		
1	OPERATOR / SEC C C C C C C C C C C C C C C C C C C				
1	C. E. LaRue and B. N. Muncy, Jr. V				
	Peason(s) for filing (Check proper box)				
	ew We! \ \ Re-End	Change in Transporter of:	i i i i i i i i i i i i i i i i i i i		
	Recompletion Change in Ownership	Oil Dry G  Casinghead Gas Conde	===	ass mort hat by	
	If change of ownership give name and address of previous owner		PATER IN EL	11-14-76 Pule 306	
п	. DESCRIPTION OF WELL AND	I FACE	STORTAGE CLARA	ex. 2-15-77	
••	Lease Name	Well No to time, Including F	Formation Kind of Leas	se Ey, 2-2/0 Lease No	
	Crozier	1 Dayton (S,A	) State, Federa	al or Fee Fee	
	Unit Letter C 990 Feet From The North Line and 2362 Feet From The West				
	Line of Section 26 To	ownship 18S Range	26E , NMPM, Edd	L <b>y</b> County	
Ш	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give address to which approved any of the first Condensate Address (Give addres				
	İ		Address (Give address to which appro		
	Navajo Crude Oil Purchasing  P. O. Box 175, Artesia, New Mexico 88210  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. C 26 18S 26E		en	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
	Designate Type of Completi	On - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
	Date Spudded	On - (A) XX  Date Compl. Ready to Prod.	XX	X	
	8/12/76	9/13/76	Total Depth 077/150 18991	P.B.T.D. 1899'	
	Elevations (DF, RKB, RT, GR, etc.) 3308 GL	Name of Producing Formation San Andres	Tep Off/Gas Pay 1728'	Tubing Depth 1704	
	Perforations 1728-32 1748-	52 1758-62 1780-84		Depth Casing Shoe 1899!	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	0EPTH SET 878 °	SACKS CEMENT	
	7 1/8"	5 ½"	1899'	Circulated 600 sacks circulated	
	<u> </u>	23/8"	1704		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all OII. WELL				
	Date First New Cil Run To Tanks 9/14/76	Date of Test 9/26/76	Producing Method (Flow, pump, gas li) Pump	ft, etc.)	
	Length of Test  24 hours	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Shis.	Gas-MCF	
	85	35	50	025	
	GAS WELL		105-10-11-16 ( / )		
	Actual Prod. Test-MCF/D	Length of Test	Elbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	T hereby certify that the miles and	regulations of the Oil Conservation	}	0 1976	
	Commission have been complied v	with and that the information given	11124	ressett	
	above is true and complete to the best of my knowledge and belief.			BY OCH TOWN	

September 28,

(Title)

1976

(Date)

APPROVE	SEP 3 0 1976	
BY	W.a. Gressett	
TITI E	crime and leave the STRICT. II	

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 able 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

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