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DISTRIBUTION			T
SANTA FE		7	
FILE		1	1
U.S.G.S.		i	
LAND OFFICE			,
TRANSPORTER	OIL	IT	
THAILST ON EN	GAS	1	T -
OPERATOR		1	$T^-$
PRORATION OF	ICE		
Operator			

## NEW MEXICO OIL CONSERVATION COMMIL TON REQUEST FOR ALLOWABLE

FILE	1	٦		.40201	AND	<u> </u>	Effective 1-1	-65 -65
U.S.G.S.			AUTHORIZATION	TO TR		NATHRAL	CAS	
LAND OFFICE	OIL I	,	·		EIVED	MATORAL	ons .	
TRANSPORTER	GAS I							
OPERATOR PROPATION OFFIC	1			SEP -	- 4 1973			
Operator	CE					<del></del>		,
Address	one t	Day	444		C. C.			
Address		2 1 1 2 1 1		ARTESI	A, OFFICE			
Reason(s) for filing (C	heck prop	er box	<del>j Artooda, Novil</del> e	<del>111.00 -</del>	Other (Plea	ise explain)		
New Well	$\exists$		Change in Transporter of	f:		,		
Recompletion Change in Ownership	╡		Oil Casinghead Gas	Dry Go		From Scale	D For Coxico	Looline
	<del></del>		Cusingheda Gas	Conde	nsate []			
If change of ownershi and address of previo	p give nous owner	ame r						
II DESCRIPTION OF	WETT	A NID	LEAGE					
II. DESCRIPTION OF Lease Name	WELL A	AND	Well No. Pool Name, In	cluding F	ormation	Kind of Leas	se	Lease No.
Triana Form			2 5 6			State, Feder	nior Fee	AreaCour.
Location	, 4.3-				★ 1			Maria Caraca Car
Unit Letter 1:	i -	10.	Feet From The	Lin	e and	Feet From	The Tree	
Line of Section	30	To	wnship 100 Re	ange 🐒	<u>i €3</u> , NMF	РМ, χ	<b>10</b> -, -	County
I DESIGNATION OF	,,,,,,	<b>5</b> 05.		_	May 1			
Name of Authorized Tra	TRANS	of Oil	TER OF OIL AND NATU	RAL GA	Address (Give address	s to which appro	ved copy of this form is	to be sent!
Merojo Cruio	OLZ :	C.C.	Sain Co		1			•
Name of Authorized Tro	insporter	of Car	singhead Gas or Dry Gas	· 🗀	Address (Give address	to which appro	ved copy of this form is	to be sent)
26 11 12			Unit Sec. Twp.	P.ge.	Is gas actually connec	eted? Wh	en	
If well produces oil or give location of tanks.	lidaiqe,				Po	1	en	
If this production is c	ommingle	ed wi	th that from any other lease	or pool,		er number:		•
COMPLETION DAT	<u>:A</u>		Oil Well Ga	ıs Well	New Well Workover	Deepen	Plug Back   Same Res	s'v. Diff, Res'v.
Designate Type	of Comp	•				!	1 ray back balle He	I Dill. Res.v.
Date Spudded			Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, F	RT CR 4	•••	Name of Producing Formation	<del></del>	Top Oil/Gas Pay		Tubing Depth	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 011, 0	,			l rop on, oas ray		rubing Depth	
Perforations					-	**	Depth Casing Shoe	
			TURING CASH	NG AND	CEMENTING RECO	BD		
HOLE SIZ	ZE		CASING & TUBING SI		DEPTH S		SACKS CEN	MENT
. TEST DATA AND R	tEQUES	T F		rust be af	ter recovery of total vol	ume of load oil	and must be equal to or e	exceed top allow-
OIL WELL Date First New Oil Run	To Tank		Date of Test	or this dep	pth or be for full 24 how Producing Method (Flo		i, etc.)	·
Length of Test			Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Tes			Oil-Bbls.		Water - Bbls.		Gas-MCF	
							<u> </u>	
GAS WELL Actual Prod. Test-MCF	·/D		Length of Test		Bbls. Condensate/MMC	r	Gravity of Condensate	<del></del>
	, -					•	Gravity or Condensate	
Testing Method (pitot, b	ack pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shu	t-in)	Choke Size	
. CERTIFICATE OF	COMPL	IANC	CE		SE		TION COMMISSION	١
I hereby certify that th	ne rules	and re	egulations of the Oil Conser	rvation	APPROVED	.P 4 197	۶.	19
Commission have been	n compli	ied w	ith and that the information best of my knowledge and	ı given	BY /	a. A	ressett	
			•	-	TITLE OIL AND G	AS INSPECTA		
0 /			)				•	
Nes 1	1	ln	4		If this is a rec	uest for allow	ompliance with RULE able for a newly drille	d or deepened
	- (	(Signal	twe)		well this form mus	t be accompan	nied by a tabulation of dance with RULE 111	f the deviation
		/m · · ·	7.1		All sections o	f this form mu	st be filled out comple	
0	<u> </u>	(Titl	(e)		able on new and re	completed we	110.	

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

NO. OF COPIES RECE	IVED		_
DISTRIBUTIO	N		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF		L	
Operator			
Address		•	
Reason(s) for filing	(Check p	roper	bo
New Well	Щ		
Recompletion			
Change in Ownership	-∐_		
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFI Operator Address Reason(s) for filing New Well Recompletion	FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator  Address  Reason(s) for filing (Check power of the content o	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Address  Reason(s) for filing (Check proper New We!!  Recompletion

DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116	
FILE	REQUEST F	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	SAS	
LAND OFFICE				
TRANSPORTER OIL GAS	-			
OPERATOR				
PRORATION OFFICE				
Operator				
Address			,	
Address				
Reason(s) for filing (Check proper box	:)	Other (Please explain)		
New We!1	Change in Transporter of:			
Recompletion	Oil Dry Gas	. 🔲		
Change in Ownership	Casinghead Gas Condens	sate 📑		
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL AND				
Lease Name	Well-No. Pool Name, Including Fo			
		State, Federa	al or Fee	
Location				
Unit Letter;;	Feet From TheLine	e and Feet From	The	
Line of Section To	wnship Range	, NMPM,	County	
	TO OF OUR AND NATURAL CA	5		
Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of O.				
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Name				
	Unit Sec. Twp. P.ge.	Is gas actually connected? Wi	nen	
If well produces oil or liquids, give location of tanks.		1		
as at the second of the	ith that from any other lease or pool,	give commingling order number:	- De garage	
If this production is commingled w. COMPLETION DATA				
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v	
Designate Type of Complet	1	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		m. Oll (Car Day)	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	<u> </u>	1	Depth Casing Shoe	
Perforations				
	TURING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE				
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be equal to or exceed top allow	
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ilji, elc.;	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	0.024 5/44	
		Weter Phie	Gge • MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		
		<u> </u>		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. 1981-MOF/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
toring diamon (hand) and but	,	_		
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
I. CERTIFICATE OF COMPLIA				
I hasahu castifu that the sulas ass	d regulations of the Oil Conservation	APPROVED	, 19	
Cindian boun been complied	with and that the information given			
above is true and complete to t	he best of my knowledge and belief.	11		
		TITLE	4	
		This form is to be filed is	compliance with RULE 1104.	
			amable for a newly drilled or deepen	
(Si,	enature)	well, this form must be accompanied by a tabulation of the deviation will the form must be accompanied by a tabulation of the deviation will be used to accordance with RULE 111.		

(Title)

(Date)

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