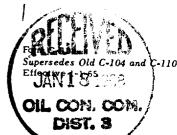
NO. OF COPIES RECEIVED			5		
DISTRIBUTION					
SANTA FE					
FILE		1			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR					
PRORATION OFFICE					
Operator					

## NEW MEXICO OIL CONSERVATION COMMISSION



	FILE	REQUEST	FOR ALLO	WABLE	Supersedes Old C-104 and C-1			
	U.S.G.S.	AUTHORIZATION TO TR	AND	L AND MATURAL C	JAN 18 198			
	LAND OFFICE	AOTHORIZATION TO TR	ANSFORTO	L AND NATURAL ()	AS \ OIL CON. COM. /			
	TRANSPORTER OIL /				DIST. 3			
	OPERATOR /	_						
I.	PRORATION OFFICE	-						
1.	Operator							
		Petroleum Consultants, Inc.						
	Address							
	Reason(s) for filing (Check proper bo	S. E., Albuquerque		exico 87106  er (Please explain)				
	New Well	Change in Transporter of:		er (1 veuse explain)				
	Recompletion	Oil Dry G	as X					
	Change in Ownership	Casinghead Gas Conde	ensate					
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including I		Kind of Lease	Lease No.			
	Sperling Location	1 Basin Dakota	3	State, Federal	or Fee Federal \$F07853			
	- 10	50 Feet From The South Li	7	90 Feet From T	<sub>he</sub> East			
	Unit Letter ; 18	Teet From The BOULT LI	ne and					
	Line of Section 30 To	ownship 24N Range	6W	, NMPM, Ri	o Arriba County			
III.	Name of Authorized Transporter of O.	TER OF OIL AND NATURAL G.  or Condensate 🛣		e address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas			P. O. Box 1528, Farmington, N. M. Address (Give address to which approved copy of this form is to be sent)				
	Petroleum Consulta		2820 C	entral, S.E.,	Albuquerque, N. M.			
	If well produces oil or liquids, qive location of tanks.	Unit Sec. Twp. Rge.		ly connected? Whe				
		I 30 24N 6W	yes		<b>1-</b> 60			
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	, give comming	ling order number:				
	Designate Type of Complete	On (X)	New Well	Workover Deepen	Plug Back   Same Resty. Diff. Resty			
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Date Spudded	Date Compt. Ready to Prod.	Total Depth		F.B. 1.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas	Pay	Tubing Depth			
	Perforations  Depth Casing Ence							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
<b>3</b> 7	TEST DATA AND PROJECT I	COP ALLOWARIE (Test must be		total valume of land all a	nd must be equal to or exceed ton allow			
٧.	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 Me	thod (Flow, pump, gas life	, etc.)			
	Lawrence (Florida	Tubing Pressure	Casing Press	1174	Choke Size			
	Length of Test	I many Liespure	Cashing Freeze					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Conder	sate/MMCF	Gravity of Condensate			
				•	-			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press	ure (Shut-in)	Choke Size			
			<u> </u>					
VI.	CERTIFICATE OF COMPLIAN	NCE .		OIL CONSERVA	TION 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.		APPROVI	D JAN 18 196	. 19			
			BY_VII	By Original Signed by A. R. Kendrick				
			TITLE	PETROLEUM ENGU	VEFR DIST. NO. 3			
	enous siense by		This form is to be filed in compliance with RULE 1104.					
	10.00 S. P. 3339		If this	is a request for allow	able for a newly drilled or deepene			
	(Signature)		well, this tests take	form must be accompand n on the well in accord	ied by a tabulation of the deviation lance with RULE 111.			
	Vice President (Title)		All se	ctions of this form mus	t be filled out completely for allow			
	(Title) 1-12-68		11	w and recompleted we	III, and VI for changes of owner			
		(ate)	well name	or number, or transport	er, or other such change of condition			
			Separ completed		be filed for each pool in multipl			
			" combrered					