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	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE /		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	š
	LAND OFFICE			
	TRANSPORTER OIL /			
	OPERATOR /			
I.	PRORATION OFFICE Operator			
	Petroleum Consultants, Inc. Address			
	2820 Central Avenu	ue, S. E., Albuquerque	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	ıs 🔲	and the second s
!	Change in Ownership	Casinghead Gas X Conder	nsate	· · · · · · · · · · · · · · · · · · ·
	If change of ownership give name and address of previous owner	•		
11.	DESCRIPTION OF WELL AN	D LEASE  Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
	Goff	5 Escrito Gall	State, Federal o	Feffederal SF078562
	Location	, 1		
	Unit Letter E ;	2440 Feet From The North Lin	ne and Feet From The	- West
	Line of Section 30	Township 24N Range	6W , NMPM, Rio	Arriba County
IXX.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)			
	Inland Corporation Name of Authorized Transporter of	<del></del>	P. O. Box 1528. Farmi Address (Give address to which approved	ngton, N. M.
			1	
	Petroleum Consulta	unit Sec. Twp. Rge.	2820 Central, S.E., A	arouduerque, N. M.
	If well produces oil or liquids, give location of tanks.	E 30 24N 6W	· ·	-6-61
	<u> </u>	<del></del>	1.4.	
	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'v.			
	Designate Type of Comple	tion – (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	Ifter recovery of total volume of load oil an epth or be for full 24 hours)	d must be equal to or exceed top allow-
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	Date First New Oil Run 10 1 units	Date 01 1881		,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
	GAS WELL	Langth of Tank	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
			APPROVED JAN 18 1968	
		nd regulations of the Oil Conservation	APPROVED JAN 18 196	<u> </u>

ON THE CHESTS DAY (Signature)

(Title)

Vice President

1-12-68 (Date) PETROLEUM ENGINEER DIST. NO. 3

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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 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.