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SANTA FE				
FILE				
U.S.G.S.		ļ	AUT	HORIZA
LAND OFFICE				
TRANSPORTER	O1L GAS			
OPERATOR				
PRORATION OF	FICE			
Operator	Ken	Black	ford	
Address	P. 0	. Вох	108,	Lubbo
Reason(s) for filing	(Check prope	r box)		
New Well			Chang	e in Trans
Recompletion			Cil	
Change in Ownershi	qi		Casino	ghead Gas
Lease Name	Jica	rilla	37 B	
	0	990		
; Unit Letter		,,,	Foot	From The
	;_			From The
Line of Section	24	, Towns		From The
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SANTAFE	I and the second	CONSERVATION COMMISSION	Form C-104	
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TR	AND ANSPORT OIL AND NATURAL	CAS	
LAND OFFICE	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS	
OIL				
TRANSPORTER GAS	:			
OPERATOR				
PRORATION OFFICE				
Cperator Ken El	ackford			
P. 0.	Box 108, Lubbock, Texas 7	⁷⁹⁴⁰⁸		
Reason(s) for filing (Check proper bo	or i	Other (Please explain)		
tiew Well	Change in Transporter of:	Change lease n	ame and number	
Recompletion	Oil Dry G	as T from Jicarilla	Apache 1-24	
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner				
and address of previous owner				
DESCRIPTION OF WELL AND	D LEASE			
Lease Name		ame, Including Formation Llard Pictured Cliff	Kind of Lease Jicarilla State, Federal or Fee Tribal	
	IIa // b	Tard Fietured CIIII	State, Federal or Fee [F1Da]	
Location 0 9	90 South	1650	East	
Unit Letter;;	Feet From TheLi	ne andFeet From	The	
24	ownship 24 North Range	5 West NMPM, Ric	o Arriba County	
Line of Section	ownship Range	1 INIVIE INI	Searty	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appr		
El Paso Natural Ga	s Company	P. O. Box 1492, El Pa		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	February 28, 1956	
give location of tanks.	i	163		
If this production is commingled v	with that from any other lease or pool	give commingling order number:		
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	
Date Spud-led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Bate spaared				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
L				
TEST DATA AND REQUEST		after recovery of total volume of load oi lepth or be for full 24 hours)	l and must be equal to or exceed top allou	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			CCLIIVE	
Length of Test	Tubing Pressure	Casing Pressure	Choke fiz	
			/ !!LUL!! LD \	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF DEC 8 1965	
			1 3200	
	·		OIL CON. COM.	
GAS WELL			DIST. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gondensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
		ARROVED DEU 8 196	65	
I hereby certify that the rules an	d regulations of the Oil Conservatior I with and that the information giver	APPROVED BEO 0 130	Arnold	
above is true and complete to	i with and that the information giver the best of my knowledge and belief.	BY Chiganal Suned houry C. Arnold		
·		TITLE Supervisor Dist. #	3	
		1) TITLE		

Operator (Signature)	_
 (Title)	_

December 6, 1965 (Date)

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 Sections I, II, III, and VI only 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.