NO. OF COPIES REC	15		
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SANTA FE		7	/
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U.S.G.S.			
LAND OFFICE		Ī	
TRANSPORTER	OIL	1	
THANS! ON LA	GAS		
OPERATOR		2	\vdash

October 24, 1966

	REQUEST FO						FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-110		
	FILE /	_				AND	: 1			Effective 1-1-6			
	U.S.G.S.	AU	THOR	RIZATION	N TO TR	ANSPOR	T OIL AND	NATURAL (SAS				
	LAND OFFICE						2						
	TRANSPORTER GAS						<u>်</u>						
	OPERATOR 2	_) %						
1.	PRORATION OFFICE	_					ະລ						
	Operator												
	Easterr	Petrole	eum (Company	·								
	Address	201	Com	T11	inaia								
	Reason(s) for filing (Check proper be	30x 291,	Cari	ur, 111	THOIS		Other (Pleas	l-i- \					
	New Weli	•	ge in T	ransporter	of:		Other (Freus	e explain)					
	Recompletion	Oil	•	x	Dry G	as 🗍		roment L			}		
	Change in Ownership	Cost	ahead	 -	Conde	nsate	J	romanico de	18 6 Car	e)	İ		
	If change of ownership give name	CHA	NG	E				······································					
	and address of previous owner	0111		0,1					·				
74	DESCRIPTION OF HIGH	OK	/.	W.	1								
MI.	DESCRIPTION OF WELL AND	LEASE Well	No. P	ool Name.	Including F	Formation		Kind of Leas	9		Lease No.		
	Federal	1		·	rito G			State, Federa		Federal	NM014021		
	Location			ВЭС	III CO G	arrap		<u>'</u>		reactar	11101-1021		
	Unit Letter E ; 66	0 Feet	From '	The SO	outh	ne and 1	.980	Feet From '	~ .	West	j		
	,	1 661	7 10111	1110	<u> </u>	ne una		rest riom	ı ne				
	Line of Section 22 T	ownship .	24 N		Range	7W	, NMPM	, Ri	o Arr	iba	County		
III.	DESIGNATION OF TRANSPOR	TER OF	DIL A	ND NAT	URAL GA	1S	·C: 11						
	Name of Authorized Transporter of O	_		densate	J	1				of this form is t	·		
	Camerland Pipelin			or Dry G	as 🗔					of this form is t	orado 80223		
				0. 5., 0	.45	maaress	(Otto address	to witten appro-	rea copy	oj mas jona is i	o ve sem)		
	If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas ac	tually connect	ed? Whe	en .				
	give location of tanks.	E	22	24N	7W	N	lo	į					
	If this production is commingled w	ith that from	n any e	other leas	e or pool.	give com	ningling orde	r number:					
IV.	COMPLETION DATA												
	Designate Type of Complet	ion - (X)	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug B	ack Same Res	'v. Diff. Res'v.		
	Date Spudded		l Bea	dy to Prod.		Total De		<u> </u>	1 5 5 5				
	Date Spaced	Dute Com	n. neu	ay to Frod.	•	Total De	ptn		P.B.T.	.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducii	ng Formatio	on .	Top Oil/	Gas Pay		Tubing	Depth			
	Perforations								Depth	Casing Shoe			
									<u></u>	···			
		T				CEMENT	TING RECOR		7				
	HOLE SIZE	CAS	ING &	TUBING	SIZE	 	DEPTH SE	<u> </u>	 	SACKS CEM	ENT		
						 							
					~ · · · · · · · · · · · · · · · · · · ·	 			 -				
						<u> </u>			 				
v.	TEST DATA AND REQUEST F	OR ALLO	WABL		t must be a	fter recover	y of total volu	me of load oil d	and must	be equal to or e	xceed top allow-		
	OIL WELL			able	for this de		or full 24 hours	<u> </u>		-			
	Date First New Oil Run To Tanks	Date of Te	et.			Producing	g Method (Flow	, pump, gas lif	t, etc.)	021112B			
	Length of Test	Tubing Pro	essure			Casing P	ressure		Choke	Sign			
	Longin of foot	. abang .				Out in	THE RES		1.15		<u>.</u> \		
	Actual Prod. During Test	Oil-Bbls.				Water - Eb	wellit	θ	Gas-M	OFT 7.6 190	-0		
	· •								1	JUI MAN C	O[VI.		
						 /Q	for.	oso 1	10	OIL CON. CO	3		
	GAS WELL						<u> </u>	M.	- 1	<u> </u>			
	Actual Prod. Test-MCF/D	Length of	Test			Bbl Cor	nd MMC	· on I	Gravity	of Condenset			
		1		(<u></u>		1	COL	3/					
	Testing Method (pitot, back pr.)	Tubing Pre	esure ((Shut-in)	Casing	CONTRACTOR OF THE PARTY OF THE	zn)	Choke :	Size	İ		
					 	1	* Name and a second		<u></u>				
VI.	CERTIFICATE OF COMPLIAN	CE					OIL			COMMISSION	1		
		• · ·				APPRO	OWED	OCT 2	j_ 19,51	0	19		
	I hereby certify that the rules and Commission have been complied					6		1/2	//	······································			
	above is true and complete to th	e best of n	y kno	wledge an	d belief.	BY_Z	news	Mun	4				
								UPERVISOR	DIST.	#3			
	EASTERN PETROLEUM COM	EASTERN PETROLEUM COMPANY				TITLE							
	BY: Medward (Signature)					This form is to be filed in compliance with RULE 110							
-					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					a or accpened the deviation			
						tests to	aken on the w	vell in accord	lance w	Ith RULE 111.	•		
	Secretary (Title)						All sections of this form must be filled out completely for allow-						

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.

NO. OF COPIES RECI	5		
DISTRIBUTIO			
SANTA FE	1		
FILE	1	2	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
THE STATE OF THE S	GAS		
OPERATOR	2		
PRORATION OF	ICE		
Operator			
	Ea	ste	rn :
Address			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	FILE / REQUEST U.S.G.S. AUTHORIZATION TO TRA					FOR ALI	LOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
						AND				21.000146 1-1.	
LAND OFFICE	-	Al	JIHUKIZA	NOIT	IUIKA	MOTOR I	UIL AND	NATURA	AL GAS		
TRANSPORTER OIL											
OPERATOR GA	3	-									
PRORATION OFFICE	121	-									
Operator						···					
	astern	Petrol	Leum Com	pany							
Address	. O. E	ox 291.	, Carmi,	I11i	nois						
Reason(s) for filing (Chec							Other (Pleas	se explain)	···-		
New Well			ange in Trans	porter o	f:		/	B		Sipelines	
Recompletion		Oil		<u>*</u>	Dry Ga		fro.	m E	GALL T	of the second	
Change in Ownership		Cas	singhead Gas	Ш	Conder	isate					
If change of ownership											
and address of previous	owner										
II. DESCRIPTION OF WI	ELL AND	LEASE						Kind of			
Lease Name Federal		1 .	ll No. Pool N		icluding F					ee Federal	Lease No. NM014021
Location				Bacı	TEO GE	- Laup		12			
_	. 66	60 _{Fe}	et From The	Sou	ith Lin	e and 1	980	Feet F	rom The	West	
						7W			Rio Ar	rriba	
Line of Section 22	<u>T</u>	ownship	24 N	F	lange	'AM	, NMP	м,	KIO AI	LIDA	County
III. DESIGNATION OF T	RANSPOI	RTER OF	OIL AND	NATU	RAL GA	s					
Name of Authorized Trans	porter of O	il 🔼	or Condens	ate _		Address				opy of this form is	
Camerland											lorado 8022
Name of Authorized Trans	porter of C	Casinghead (Gas or	Dry Go	ıs	Address	(Give address	to which	approvea co	opy of this form is	to be sent)
		Unit	Sec. Ta	Twp.	P.ge.	ls gas ac	tually connec	ted?	When		
If well produces oil or liq give location of tanks.	aids,	E		24N	7W		io		i		
If this production is con	mingled v	with that fr	rom any othe	r lease	or pool,	give com	mingling ord	er number	:		
IV. COMPLETION DATA			Oil Well		as Well	New Well				a Back Same R	es'v. Diff. Res'v.
Designate Type of	Complet	tion - (X)		. ; G	ds well	I New Mell	Workever	l I	,, F10	I I	1
Date Spudded			ompl. Ready t	o Prod.		Total De	pth	.1	P.I	B.T.D.	
Elevations (DF, RKB, RT	, GR, etc.)	Name o	f Producing F	`ormatio	n	Top Oil/	'Gas Pay		Tul	bing Depth	
Perforations						1			De	pth Casina Shoe	
Perforations										•	
			TUBIN	G, CAS	ING, AN	CEMEN	TING RECO	RD			
HOLE SIZE	:	С	ASING & TU	BING	SIZE		DEPTH	SET		SACKS CI	EMENT
						-					
						-,					
											
V. TEST DATA AND RE	QUEST	FOR ALI	LOWABLE	(Test	must be a	fter recove	ery of total vo	lume of loa	d oil and n	nust be squal to o	exceed top allow-
OIL WELL						epth or be f	for full 24 houng Method (Fl	us)		11110	
Date First New Oil Run 7	'o Tanks	Date of	Test			Producin	ng Method (Fu	ow, pump,	gas tijt, eti	SHITIAL	,U \
Length of Test		Tubing	Pressure			Casing F	Pressure		Ch	oke Size	- 22
Longin of 1001									İ	OCT 26 10	100
Actual Prod. During Test		Oil-Bb	ols.			Water - B	bis.		E.	- NO.	~ #
										OIL CON.	3/
CAS WELL											
GAS WELL Actual Prod. Test-MCF/	Đ	Length	of Test	-		Bbls. Co	ondensate/MM	ICF	Gr	avity of Condense	ite
Testing Method (pitot, bo	ck pr.)	Tubing	Pressure (S1	nut-in)	Casing F	Pressure (Sh	et-in)	Ch	oke Size	
						 					
VI. CERTIFICATE OF C	OMPLIA	NCE					OIL	CONSE	RVATIO	ON COMMISSI	ON
			6 45 - 0	:1 C		APPR	OVED		007	70 Jess	_, 19
Commission have been	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.					By Original Signed by				by Emery (C. Arnol d
above is true and com	plete to 1	the best o	of my knowle	edge an	nd belief.	BY	<u>Un</u>	UHIUL E	,, _{,,} , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	~	
		2.000 4.000-				TITL	E	PUPI		l dist. #3	
EASTERN PETROI			_			т	his form is	to be file	d in comp	oliance with RU	LE 1104.
BY:	BY: KEdward					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					
	•	ignature)				tests	taken on th	e well in	accordan	ce with RULE	111.
Secre		Title)				A	all sections on new and	of this for	rm must b	e filled out com	pletely for allow-
Dotal	er 24.					- 11		Castians	. 7 TT 7T1	and VI for cl	hanges of owner,
OCCO		(Date)				wellr	ame or num	ber, or tra	nsporter, o	r other such cha	ange of condition.

well name or number, or transporter, or other such change of condition.

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.