50dex OCC, A 1-File

	FILE / REQUES				CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS				Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	PRORATION OFFICE Operator											
	Petroleum Consultants, Inc.  Address											
	2820 Central Avenue, S. E., Albuquerque, New Mexico 87106											
	Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:  Recompletion  Oil  Dry Gas  Other (Please explain)											
	Change in Ownership Casinghead Gas Condensate from Basin											
	If change of ownership give name and address of previous owner											
II.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.											
	Lease Name  Love	ito Gal		i			FeeFederal SF078563					
	Location											
	Unit Letter L ; 1850 Feet From The South Line and 790 Feet From The West											
	Line of Section 23 Township 24N Range 7W , NMPM, Rio Arriba Con											
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
	Name of Authorized Transporter of Oil X or Condensate Canana Principles				Address (Give address to which approved copy of this form is to be sent) BOX 1528, Farmington, New Mexico							
	Camerland Pipelines, Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas				1002 West Center Ave Denver, Colorado Address (Give address to which approved copy of this form is to be sent)							
	If well produces oil or liquids,	El Paso Natural Gas Company  Well produces oil or liquids Unit Sec. Twp. Rgs.				Bcx 990, Farmington, New Mexico Is gas actually connected? When						
	give location of tanks.	L !	23 ¦24N		Ye			6-11-6	1			
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA											
	Designate Type of Completio	on – (X)	Oil Well	Gas Well	New Well	Workover	Deepen i	Plug Back	Same Res	v. Diff. Ras'v.		
	Date Spudded	Date Comp	ol. Ready to Pro	od.	Total Depth	1	_ <del></del>	P.B.T.D.	<u></u>			
	Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay T			Fubing Depth			
	Perforations				Depti				th Casing Shoe			
			TUBING, C	ASING, AND	CEMENTI	NG RECORI	 D	L				
	HOLE SIZE				DEPTH SET				SACKS CEMENT			
					<i></i>							
								1291 2 2	10011 0 1000			
V.	TEST DATA AND REQUEST FO	OR ALLO	WABLE (T	est must be a	iter recovery	of total volum	ne of load all	**************************************	1966 qual to or ex	eeed top allow-		
••	OIL WELL Date First New Cil Run To Tanks	Date of Te		ble for this de			, pump, gas li			rģeed top allow-		
	Date First New Cit Aun 10 1 duks	Date 01 14			, riouseing r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, pap, gas					
	Length of Test	Tubing Pr	essure		Casing Pre	ssure		Choke Size	SALES OF THE SALES			
	Actual Prod. During Test	Oil-Bbls.	il-Bbls.			Water-Bbls.		Gas - MCF				
	GAS WELL Actual Prod. Test-MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate				
	Actual Prod. 1 est-MCF/D	Length of	test		Bois. Cond	ensate/MMCF		Gravity of	condensate			
	Testing Method (pitot, back pr.)	Tubing Pr	ubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION NOV 23 1966						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPRO	APPROVED?, 19							
	above is true and complete to the	best of r	ny knowledge	and belief.	BY_	BY SINKY Cluses SUPERVISON D						
		_			TITLE_			<del>-/</del>				
		This form is to be filed in compliance with RULE 1104.										

Levi	C. Camin	
//	(Signature)	
Vice	(Signature) President	
	(Title)	

11-22-66

(Date)

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.