1	NO. OF COPIES RECE	15			
	DISTRIBUTION				
	SANTA FE				
	FILE			-	
	U.S.G.S.				
	LAND OFFICE				
	TRANSPORTER	OIL	/		
		GAS	/		
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	Petroleum Consulta				
	Address				

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NO. OF COPIES RECEIVED	l-File		l		
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104		
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65				
FILE /		AND			
U.S.G.S.	_ AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	5		
TRANSPORTER OIL	_				
OPERATOR /					
PRORATION OFFICE Operator					
Petroleum Consulta Address					
t .	rlisle, NE, Albuquerq	Other (Please explain)			
Reason(s) for filing (Check proper bo	x) Change in Transporter of:	Other (Fleuse explain)			
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Condens	sate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE	rmation Kind of Lease	Lease No.		
Love	Well No. Pool Name, Including Fo 2 Escrito Gall		Free Fed. SF078563		
Location T. 15	350 Feet From The South Line	and 790 Feet From Th	e West		
Line of Section 23 T	ownship 24N Range	W , NMPM, RIO Ar	County		
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GAS	S Address (Give address to which approve	d copy of this form is to be sent)		
Name of Authorized Transporter of C	portation Co. (P/L Div)	P.O. Box 3120, Mid1	and, Texas 79701		
Name of Authorized Transporter of C	asinghead Gas 🧖 or Dry Gas 🗔	Address (Give address to which approve	d copy of this form is to be sent)		
Petroleum Consulta	ents, Inc.	Suite 202,1420 Carl	isle, NE, Albuq., N.M.		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 23 24N 7W	Is gas actually connected? When	-11-61		
Designate Type of Complete	Date Compl. Ready to Prod.	New Well Workover Deepen 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		
	TURING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
1102-01-1					
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top allou		
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas il)	, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Chok St		
Deugtin of Teat					
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	MAY 2.8 1970		
			MAY 28 1970		
GAS WELL			OIL CON. COM.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granity of Gandensag		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
resting Method (pitot, buch pit)					
. CERTIFICATE OF COMPLIA	INCE	OIL CONSERVA	TION COMMISSION MAY 28 1970		
I hereby certify that the rules ar	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BYOriginal Signed by Emery C. Arnold 19		
Camadan basa been complied					
		TITLE	SUPERVISOR DIST. #3		
	CRIGHMAL SIGNED BY	This form is to be filed in c	ompliance with RULE 1104.		
10	LEWIS C. JAMESON (Signature)		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		
Vice Presiden	•	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	(Title)	able on new and recompleted wells.			
5-26-70		Fill out only Sections I, II well name or number, or transport	. III, and VI for changes of owner en or other such change of condition		
	(Date)	Separate Forms C-104 must completed wells.	be filed for each pool in multipl		
		i. completed worth.			