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| DISTRIBUTIO | | | |
| SANTA FE | | | |
| FILE | | J | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | [/] | |
| RANSPORTER | GAS | / | |
| OPERATOR | | 1 | |
| PRORATION OF | Ľ | | |
| Operator | | | |

Operator

2-15-70

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| SANTA FE | | 1 | REQUEST | FOR ALLOWABLE | | Supersedes Old Effective 1-1-6 | C-104 and C-11 |
|---|-------------|-----------------|---|--|------------------|-----------------------------------|-------------------|
| FILE | | / - | | AND | TUD 41 040 | | |
| U.S.G.S. | | | AUTHORIZATION TO TRA | NSPORT OIL AND NA | IURAL GAS | ı | |
| LAND OFFICE | | -, - | 1 | | | | |
| TRANSPORTER | GAS | -/ | 1 | | | | |
| OPERATOR | J G A S | | 1 | | | | |
| PRORATION OF | FICE | + | † | | | | |
| Operator | <u> </u> | | | | | | |
| erri | .on & . | ayles | s | | | | |
| Address | | | | | | | |
| | . ∃ox 1 | • | Farmington, sew let | | _ | | |
| Reason(s) for filing | (Check p | roper box | | Other (Please ex | plain) | | |
| New Well | | | Change in Transporter of: | | | | |
| Recompletion | | | Oil Dry Ga | FF | | | |
| Change in Ownersh | 1pX | | Casinghead Gas Conden | isate | | | |
| if change of owner | rshin give | e name | 1 Daniel Daniel Commi | 0096 | Odessa• 🗓 | exas 79760 | |
| and address of pre | vious ow | ner | 1 Taso Products Compa | any Box 3986 | Coessas <u> </u> | 10.100 | |
| | | | - DAGE | | | | |
| DESCRIPTION (| OF WEL | L AND | Well No. Pool Name, Including F | ormation Ki | ind of Lease | | Lease No. |
| Canyon Lar | ro Uni | t | 123 Devils Fork Co | | ate, Federal or | Fee Federal | FF -07 883 |
| Location | | | | | | | |
| | Τ; | 170 | 190 Feet From The Cortil Lin | 790 | Feet From The | West | |
| Unit Letter | | .; | | | | | |
| 1 44 04- | 17 | Ta | wnship 24 Range | , NMPM, | <u> ∃io</u> Arri | ზმ | County |
| Line of Section | 1 | 10 | arming a round o | · · · · · · · · · · · · · · · · · · · | | | |
| DESIGNATION (| OF TRA | NSPOR | TER OF OIL AND NATURAL GA | IS | | | |
| Name of Authorize | d Transpo | rter of Oil | or Condensate | Address (Give address to a | vhich approved | copy of this form is | to be sent) |
| hell Pipe | eline (| Corpor | ation | P.O. 3ox 1588 | Farmingt | on. Wew Mexi | co 37401 |
| Name of Authorized | d Transpo | rter of Ca | singhead Gas X or Dry Gas | Address (Give address to t | uhich approved | copy of this form is | to be sent) |
| 11 Paso Ha | tural | Gas C | ompany | Р.О. Зох 990 | | on, lew lexi | co 87401 |
| | | | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | |
| If well produces of give location of ta | | ıs, | 17 8 24 3 67 | Yes | | <u>5-24-63</u> | |
| | | | ith that from any other lease or pool, | cive commingting order n | umber: | | |
| Designate T | | | Date Compl. Ready to Prod. | Total Depth | F | P.B.T.D. | |
| Elevations (DF, R. | KB, RT, (| GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | 1 | Tubing Depth | |
| | | | | <u> </u> | | Depth Casing Shoe | |
| Perforations | <u></u> | | | | 1 | Septin Casing Silve | |
| | | | | A CENENTING BECORD | | | |
| | | | | D CEMENTING RECORD | | SACKS CE | MENT |
| HOL | ESIZE | | CASING & TUBING SIZE | DEFIRSE | | ONORO OF | |
| | | | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | after recovery of total volume | of load oil a- | d must be sound to on | exceed ton all |
| | ND REQ | UEST I | FOR ALLOWABLE (Test must be able for this d | after recovery of total volume lepth or be for full 24 hours) | of toda ou an | I must be equal to or | |
| OIL WELL Date First New O | II Bun To | Tanks | Date of Test | Producing Method (Flow, | pump, gas lift, | etc.) | |
| Date First New O | 11 Aun 10 | Idnks | Date of 1001 | | | 6 | |
| | | | Tubing Pressure | Casing Pressure | | Choke Size | 15 6AU N |
| Length of Test | | | | | ļ | | |
| Actual Prod. Duri | ng Tee* | | Oil-Bbls. | Water - Bbls. | | Gas-NCF FEB | 3 1970 |
| Actual Prod. Duri | ng i est | | | | | 1 | |
| l | | | | | _ _ | OIL CO | N. COM. |
| CAR WEST | | | | | | l Dis | T 3 |
| GAS WELL Actual Prod. Tes | t-MCF/D | | Length of Test | Bbls. Condensate/MMCF | | Gravity of Condensat | |
| Actual Float 100 | | | - | | | | |
| Testing Method (| pitot, bac | k pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut- | in) | Choke Size | |
| | | - | _ | | | | |
| CERTIFICATE | OFCC | MPI IA | NCE | OIL C | ONSERVAT | TON COMMISSION | NC |
| CERTIFICATE | , or co | ME LIM | , y Coded | | | FEB 1 6 | 1970 |
| | | eules ses | i regulations of the Oil Conservation | APPROVED | | | |
| | | | | Onainai S | igned by | Emery C. Ar | HOIG |
| above is true as | nd compl | ete to t | he best of my knowledge and belief. | · BY | | | |
| ^ | | | | TITLE | | SUPERVISOR D | Not. T. |
| 4 | > 1 | 1 | | | | mpliance with RUI | E 1104. |
| 1 | 1/1 | 150 | 1/8 | - 11 | | Lin for a manulu del | lled or deeper |
| 110 | 1 00 | | | Well, this form must | be accompani | ed by a tabulation | of the deviat |
| | | (54) | (nature) | I seeks taken on the W | all in accord | ance with RULE 1 | 11. |

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for silow-able 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.