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DISTRIBUTION				
SANTA FE		1		
FILE		II		
U.\$.G.\$.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	7		
OPERATOR		P		
PRORATION OFFICE				
0				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Į	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
}	U.S.G.S.		AND ISPORT OIL AND NATURAL GA							
ŀ	LAND OFFICE	AUTHORIZATION TO TRAIN	ISPORT OIL AND NATURAL GA							
Ī	TRANSPORTER OIL /									
ŀ	OPERATOR L									
	PROPATION OFFICE									
•	Operator									
	Paul F. Rutledge									
		Box 2303 Santa Fe, New	Mexico 87501	(03)						
	Reason(s) for filing (Check proper box)	BUR ZJUJ BANLA FE, NEW	Other (Please explain)	100						
	New Well	Change in Transporter of:		7. Old 2.1						
	Recompletion	Oil Dry Gas Casinghead Gas Condens		20 00						
	Change in Ownership	<u> </u>		S 2 2						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner									
••	DECORPORADO OF WELL AND I	DACE	\							
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.									
	Miller B 5 Devils Fork Gallup State, Federal or Fee									
	Location	, A	and 1850 Feet From Ti	· W						
	Unit Letter N : 79	Feet From The A. Line	and /830 Feet From TI							
	Line of Section 12 Tow	nship 24 N Range	7 W , NMPM, Rio A	Tibe County						
	DESIGNATION OF TRANSPORT	EP OF OU. AND NATURAL GAS	•							
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)						
	Western 0:1 Transport Name of Authorized Transporter of Cas	tation Co. (P/L Div.)	P. O. Box 3120 Midls Address (Give address to which approve	ed copy of this form is to be sent)						
	Name of Authorized Transporter of Cas:	inghead Gas or Dry Gas	Address (othe dadress to misch approve	Soppy of since form to so so some						
	64010	Unit Sec. Twp. Ege.	Is gas actually connected? When	1						
	If well produces oil or liquids, give location of tanks.	N 12 24 N 7 W	l							
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:	,						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.						
	Designate Type of Completio	n – (X)								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
				Depth Casing Shoe						
	Perforations		•	Depth Casing since						
		TUBING, CASING, AND	CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed togable for this depth or be for full 24 hours)									
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
				Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size						
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF						
				<u> </u>						
				_						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
			Casing Pressure (Shut-in)	Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Succ-22)	0.020 0.020						
W/1	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION 20 1970							
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED								
Auce of true and complete to the best of my knowledge and bester. (Signature) (Title)			BY Original Signed by Emery C. Arnold							
			TITLE SUPERVISOR DIST. #3 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 only Sections I.	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.			
							5 /19/70 (Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
						•			Separate Forms C-104 must be filed for each poor in matery-y	



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