HO. OF COPIES MEC	5		
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SANTA FE	/		
FILE	1.7	V	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	/		
	GAS	1	
OPERATOR	/		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	/			R	EQUEST	FOR ALLO	OWABLE			rsedes Old C- ctive 1-1-65	104 and C-110
	U.S.G.S.		1	AUTUOD	1747101		AND				-414A 1-1-02	
	LAND OFFICE			AUTHOR	IZATION	N IO IRA	NSPORT (DIL AND N	ATURAL G	AS		
	TRANSPORTER OIL	1										
	GAS	1										
	OPERATOR	_/										
I.	PRORATION OFFICE Operator			_								
	Paul F.	Ru	ledg	ze								:
	Address			-				 				
	P. O. Box			Santa Fe	, New	Mexico		·				
	Reason(s) for filing (Check p	roper	box)	Ch 1- #	.		0	ther (Please	explain)			
	New Well Recompletion			Change in T	runsporter	ot: Dry Ga						
	Change in Ownership			Casinghead	$\overline{}$	Conden						
	76 at a constant and a constant at a constan											
	If change of ownership give and address of previous ow		ne 									
••	DESCRIPTION OF WELL											
11.	DESCRIPTION OF WELL Lease Name	L A	NU L	Well No. P	ool Name,	Including Fo	ormation		Kind of Lease	,		Lease No.
	Miller "B"			2]	Devils	Fork C	dallup		State, Federal	or FoTed	.#SF -07	8584
	Location						_				_	
	Unit Letter L	:	165	O Feet From	The Sol	uth Lin	• and9	90	_ Feet From 1	he West		
	Line of Section 12		Town	ship 24N		Range	7W	, NMPM,	Ri	o Arriba		County
			• • • • • • • • • • • • • • • • • • • •				 					
m.	DESIGNATION OF TRA										is form is to b	
	Name of Authorized Transpor		_		densate [,				•	
	Camerland Pip	eli ter o	ne. i Casir	Inc. nghead Gas 🔲	or Dry C	Gas 🏋	Address (G	ive address to	which approx	ped copy of the	Colo.	80223 e sent)
	El Paso Natura						P. 0	. Box 15	65, Far	mington	New M	exico
	If well produces oil or liquid	٠,	1	Unit Sec.	Twp.	P.ge.	ls gas actu	ally connecte	d? Whe	n		
	give location of tanks.		<u>`</u>	L 12	24	; 7		es				
	If this production is commi- COMPLETION DATA	ngle	d with	that from any	other lear	se or pool,	give commi	ngling order	number:	·- ·-		
			1 - • •		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	Designate Type of C	omp				,	! !	1	1	DRTD	<u> </u>	<u> </u>
	Date Spudded			Date Compl. Red	ady to Proc	d.	Total Dept	h		P.B.T.D.		
	Elevations (DF, RKB, RT, G	R, e	ic.j	Name of Product	ing Format	ion	Top Oil/Go	ıs Pay		Tubing Dep	th	
							<u></u>					
	Perforations									Depth Casir	ig Shoe	
	<u> </u>				BING C	ASING ANI	CEMENT	NG RECOR	<u> </u>	<u> </u>		
	HOLE SIZE				& TUBING		J CEMERT	DEPTH SE		SA	ACKS CEME	NT
										ļ		
							 		 	 		
v	TEST DATA AND REQ	UES	T FO	R ALLOWAR	LE (Te	at must be a	ifter recovery	of total volu	ne of load oil	and must be e	qual to or exc	eed top allow-
٧.	OIL WELL	UES					epth or be for	full 24 hours)		A III	
	Date First New Oil Run To	Tank	•	Date of Test			Producing	Method (Flow	, pump, gas li	". ""./Qt	I.LIVE	D /
	Length of Test			Tubing Pressure	•		Casing Pro	ssure	·····	Choke Size	.021, -	
	2011411									NC	JV 9 196	6
	Actual Prod. During Test			Oil-Bbls.			Water - Bbl	<u> </u>		Gd-MCF	CON. C	OM./
							<u> </u>			1 (0	DIST. 3	
	GAS WELL											
	Actual Prod. Test-MCF/D			Length of Test			Bbls. Con	iensate/MMCI		Gravity of	Condensate	
												
	Testing Method (pitot, back	pr.)		Tubing Pressur	• (Shut-i	in)	Casing Pr	essure (Shut-	-1m)	Choke Size	1	
							 	011 (ONSERVA	TION CO	MANISSION	
VI.	CERTIFICATE OF CO	MPL	JANC	;E				OIL	CONSERVA N	0V - 9 19		
	I hereby certify that the r	ules	and re	egulations of t	he Oil Cc	onservation	APPRO	VED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			- 11	Origina	1 Signed	by Emer	ry C. Arn	iola			
	moove is time and combis		۲ .	Seet of my Ki		>	- 17		SUPER	VISOR DIS	ST. #3	
	\[\tag{ - } \]		/				TITLE					
-	1/0/1	<u> </u>		end		C					with RULE	
	(Signature)				11	de form mus	t he accomp	enied by a ti	abulation of	l or deepened the deviation		
	Operator	•	,6 ****				tests to	ken on the	well in acco	rdance with	RULE 111.	ely for allow-
			(Tu	10)			able on	new and re	completed w	ella.		
	November 7, 1966				Fill well no	il out only :	Sections I, I r, or transpor	II, III, and ' rien or other	VI for change such change	es of owner, of condition.		
			القاص	·=/			II					

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

015	THIBUTION	
SANTA		
FILE	- - 	
U. S. G. S.		1 - 1 2
LAND OF FICE		
	OIL	
TRANSPORTER	GAS	
PHORATION OFFI	: E	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

	PHOPATION O	GAS				W12CFF	LAN	EDU:	REP	ORTS	ON WELL:	S		
	OPERATOR			3	(Subm	nit to appropi	riate [District	Office	as per Cu	ommission R	ule 110)6)	
	me of Con		1 F. F	Rutled	ge, et al	•		Addres P. C		2303,	Santa Fe,	Nev	w Mexico 87501	
	ase		ller "	B''	_	Well No. 2	Unit I	Letter	Section 12	Township	orth		7 West	
Da	te Work P 3/2/68	erformed		Poo	Devils	Fork Gall	lup	·	1	County F	Rio Arrib			
					THIS IS	A REPORT	OF: (Check a	ppropria					
	Beginn	ng Drilli	ng Opera	tions	☐ Ca	sing Test and	Ceme	nt Job		Other (Explain):			
	Pluggin	8			☐ Re	emedial Work		Pu			l lift (Pu	mp)		
Det	ailed acc	ount of v	ork done	, nature	and quantity	of materials v	ısed, a							
						e-run tub					6' Perf.	nip _]	ple and	
	seating	g nipp	le. T	otal D	epth - 5	987' from	n Gr	ound	meas	uremer	nt C+690	81		
	Run ro	ds an	d inse	rt pur	np - Se	et pumpin	g un	it and	d conn	ected t	o rods ar	nd		
]	put on	regul	ar pun	nping	producti	ion.						/	RETIFIVEN	
													MEDELS EN /	
													4PR 5 1968	
												/	DIST. 3	
Wito	essed by	Ros	т Н. Ј	ones		Position			C	ompany T				
			111. 0		ILL IN BEL	Pump		AL WO	RK RE		ndepender	nt		
) E	Elev.					ORIGIN	AL WE	LL DA	TÁ		121			
			TI			PBTD				Producing				
Гubi	ing Diame	ter		Tubin	ng Depth	C		Oil String Diamet		eer Oil Strin		ng Dep	g Depth	
erfe	orated Int	erval(s)												
)pen	Hole Int	rval					Pr	oducing	Formati	on(s)		 -		
						RESULTS	OF ¥	YORKO	VER					
	est		te of est	Oi	l Production BPD	Gas Pro			Vater Pro		GOR Cubic feet/	′Вы	Gas Well Potential	
Wor	fore kover								······································				MOTTE	
	fter kover													
		OIL C	ONSERV	ATION (COMMISSION		1	hereby to the b	centify est of my	hat the in knowledg	formation give	a abov	e is true and complete	
	oved by	a,	Z	X	enk	mal	N	ame	y m	J = 3	tu.			
itle	PETRO	LEUM	ENGINE	ER DIS	ST. NO.3		P	osition	0	perato	r		76	
APR 5 1968					Company Paul F. Rutledge, et al.									

	Reason(s) for filing	(Check t		O.	
	Address		Pa	ul 1	
	Operator				
I.	PRORATION OF	ICE			
	OPERATOR	1			
	IRANSPORTER	GAS	7		
	18446808758	OIL	7		
	LAND OFFICE				
	U.S.G.S.				
	FILE	1			
	SANTA FE	1			
	DISTRIBUTIO				
	NO. OF COPIES RECE	9			

1.	Address	REQUEST AUTHORIZATION TO TRA F. Rutledge Box 2303 Santa Fe, New	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL (Mexico 87501 Other (Please explain)	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
	Recompletion Change in Ownership If change of ownership give name and address of previous owner	Oil X Dry Gas Casinghead Gas Conden	= 1			
II.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name Miller B	Well No. Pool Name, Including Fo 2 Devils Fork G				
	Location Unit Letter L: 166	50 Feet From TheLine	e and 990 Feet From , NMFM, Rio Ar			
III.		ER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oil Western Oil Transport Name of Authorized Transporter of Cas E P B	ation Co. (P/L Div.)	P. O. Box 3120 Midla Address (Give address to which appro	nd, Texas 79701		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	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		
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as		and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF		
	GAS WELL	I sh of To-sh	Phla Cardanana An/CE	To-way Co-day		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION MAY 2 0 1970		
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	By Original Signed by	•		
	scove is true and complete to the	best of my knowledge and better.	TITLE	SUPERVISOR DIST. #3		
,				compliance with RULE 1104.		
	Jane I Tu	pedal	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			

Jane IT meledy
(Signgture)
Recator 11
, (Title);
5/19/70
(Date)

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.