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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Paul F. Rutledge
Address
P. O. Box 2303, Santa Fe, New Mexico 87501
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller "B"	Well No. 2	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fed. Fed. #SF-078584	Lease No.
Location Unit Letter L ; 1650 Feet From The South Line and 990 Feet From The West Line of Section 12 Township 24N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Camerland Pipeline, Inc.	Address (Give address to which approved copy of this form is to be sent) 1001 W. Center Ave., Denver, Colo. 80223			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1565, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 24	Rge. 7
Is gas actually connected?		When		
yes				

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Operator
(Title)
November 7, 1966
(Date)

OIL CONSERVATION COMMISSION
NOV - 9 1966
APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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, 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.

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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Paul F. Rutledge, et al.		Address P. O. Box 2303, Santa Fe, New Mexico 87501	
Lease Miller "B"	Well No. 2	Unit Letter L	Section 12
		Township 24 North	Range 7 West
Date Work Performed 3/2/68	Pool Devils Fork Gallup	County Rio Arriba	

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain):
☐ Plugging
 ☐ Remedial Work
 Put on artificial lift (Pump)

Detailed account of work done, nature and quantity of materials used, and results obtained.

Pulled tubing and packer, and re-run tubing with 28' anchor - 6' Perf. nipple and seating nipple. Total Depth - 5987' from Ground measurement C+6908'

Run rods and insert pump - Set pumping unit and connected to rods and put on regular pumping production.



Witnessed by Roy H. Jones	Position Pumper	Company Independent
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	

Perforated Interval(s)

Open Hole Interval

Producing Formation(s)

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved by <i>Paul F. Rutledge</i>	Name <i>Paul F. Rutledge</i>
Title PETROLEUM ENGINEER DIST. NO. 3	Position Operator
Date APR 5 1968	Company Paul F. Rutledge, et al.

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Paul F. Rutledge
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Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller B	Well No. 2	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L ; 1650 Feet From The 2 Line and 990 Feet From The W Line of Section 12 Township 24 N Range 7 W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil Transportation Co. (P/L Div.)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3120 Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> E P N G	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 24 N	Rge. 7 W
Is gas actually connected?		When		

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Paul F. Rutledge
(Signature)
Operator
(Title)
5/19/70
(Date)

OIL CONSERVATION COMMISSION
MAY 20 1970

APPROVED _____, 19_____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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