40. OF COPIES RECEIVED		14	
DISTRIBUTION			
SANTA FE		1	
FILE		1	4
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR		/	
PRORATION OFFICE			
Operator			

June 5, 1972

(Date)

SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-116		
FILE / L	AND Effective 1-1-65				
U.S.G.S.	_ AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	-				
TRANSPORTER GAS	\dashv				
OPERATOR /					
PRORATION OFFICE					
Operator BENSON-MON	TIN-GREER DRILLING CO	ORP.			
Address					
	Center Building, Far	mington, New Mexico	87401		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas Casinghead Gas Condens	一一一			
Change in Ownership	Cushiqueda Cus				
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Federal Lease No.		
FEDERAL 17-32	1 East Puerto	4	200000000000000000000000000000000000000		
Location	1 11100 1 100100	0.1244200			
Unit Letter N ; 66	Feet From The South Line	e and 1650 Feet From	The west		
,, ,, ,, ,, ,, ,, ,, ,					
Line of Section 32 To	ownship 25N Range	1E , NMPM, Rio	Arriba County		
DESCRIPTION OF THANSPOR	TER OF OH AND NATURAL CA	e			
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	wed copy of this form is to be sent)		
PLATEAU, INC		Box 108, Farmingt			
Name of Authorized Transporter of C		Address (Give address to which appro	oved copy of this form is to be sent)		
Non					
If well produces oil or liquids,	Unit Sec. Twp. Rge. N 32 25N 1E	Is gas actually connected? No	en		
give location of tanks.		1			
	with that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
Designate Type of Complet	ion – (X)		1		
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		
Lievations (DF, ARD, R1, GR, etc.)	Idama of Frondering 1 simulation				
Perforations			Depth Casing Shoe		
		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	l and 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 l	ift. etc.)		
Date First New Oil Run To Tanks	Date of Test				
Length of Test	Tubing Pressure	Casing Pressure	Choke Siz		
			/ KLULIVIN		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
			1 JUN 6 1979		
	·		OIL CON SO		
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Companagie		
			3.31.3		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>		
CERTIFICATE OF COMPLIA	NCE	[]	ATION COMMISSION		
		APPROVED	UN (19		
Camping house been complied	d regulations of the Oil Conservation with and that the information given		by A. R. Kendrick		
above is true and complete to t	he best of my knowledge and belief.	BY			
1		PWTRGLEUM ENGINEER DIST. NO 3			
11/20	11 TX	This form is to be filed in	compliance with RULE 1104.		
/// Lond	(Sabo	To this is a securest for allo	weble for a newly drilled or deepened		
	(nature)	well, this form must be accomp tests taken on the well in acco	evied by a tabulation of the deviction		
Vice-Pr	esident		- t- stind out completely for allow		

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.

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.