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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

1

OPERATOR

2

PRORATION OFFICE

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

RECEIVED

MAY 20 1969

OIL CONSERVATION COMMISSION

Operator

Joseph B. Gould

Address

230 Kittredge Building, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

Other (Please explain)

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

Sun Oil Company, P.O. Box 1798, Denver, Colorado

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease No.

Fred Phillips Gov't

1

So. Blanco Pictured Cliffs

State, Federal or Fee

Federal

SF069549

Location

Unit Letter

1391

Feet From The

West

Line and

1250

Feet From The

South

Line of Section

32

Township

25N

Range

3W

NMPM,

Rio Arriba

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

P.O. Box 1492, El Paso, Texas

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

Yes

August 16, 1957

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'tv.

Diff. Res'tv.

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.

Joseph B. Gould

Joseph B. Gould

Owner

(Title)

May 21, 1969

(Date)

OIL CONSERVATION COMMISSION

MAY 26 1969

APPROVED

Original Signed by Emery C. Arnold

BY

SUPERVISOR DIST. #9

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.