NO. OF COPIES RECEIVED		5	
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SANTA FE			
FILE			/
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	Ĺ	
TRANSPORTER	GAS /	/	
OPERATOR		2	

II.

III.

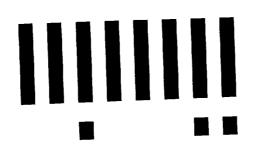
SANTA FE / FILE / U.S.G.S.	REQUEST F	FOR ALLOWABLE AND ASPORT OIL AND NATURAL G	Supersedes Old C-104 and C-110 Effective 1-1-65
LAND OFFICE I RANSPORTER OIL GAS / OPERATOR 2 PRORATION OFFICE			
Operator	STATES NATURAL GAS CORP.		
Address		IVER, COLORADO 80222	
Reason(s) for filing (Check proper New Well Recompletion Change in Ownership		Other (Please explain) To change operato B. Gould to Mount Gas Corp.	or's name from Joseph tain States Natural
If change of ownership give name and address of previous owner _	e		
I. DESCRIPTION OF WELL AN	ND LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Lease Name Hall Federal	3 South Blance	State Federa	i i
Location Unit Letter E ;	1650 Feet From The North Line	e and 990 Feet From 7	The West
Line of Section 28	Township 25N Range	BW , NMPM, Rio A	Arriba County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en .
If this production is commingled V. COMPLETION DATA	I with that from any other lease or pool,	give commingling order number:	
Designate Type of Compl	etion — (X)	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, et	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	FOR ALLOWABLE (Test must be a) able for this de	ter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	APR 6 1970
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF O'L CON. COM.
GAS WELL			DIST. 3
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
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. Agait (Title)			ATION COMMISSION
		APPROVED	
		TITLES	UPERVISOR DIST. 译5
		This form is to be filed in If this is a request for allo	compliance with RULE 1104. wable for a newly drilled or deepened
		All sections of this form m able on new and recompleted w	ordance with RULE 111. ust be filled out completely for allow rells.
		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.	

(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.

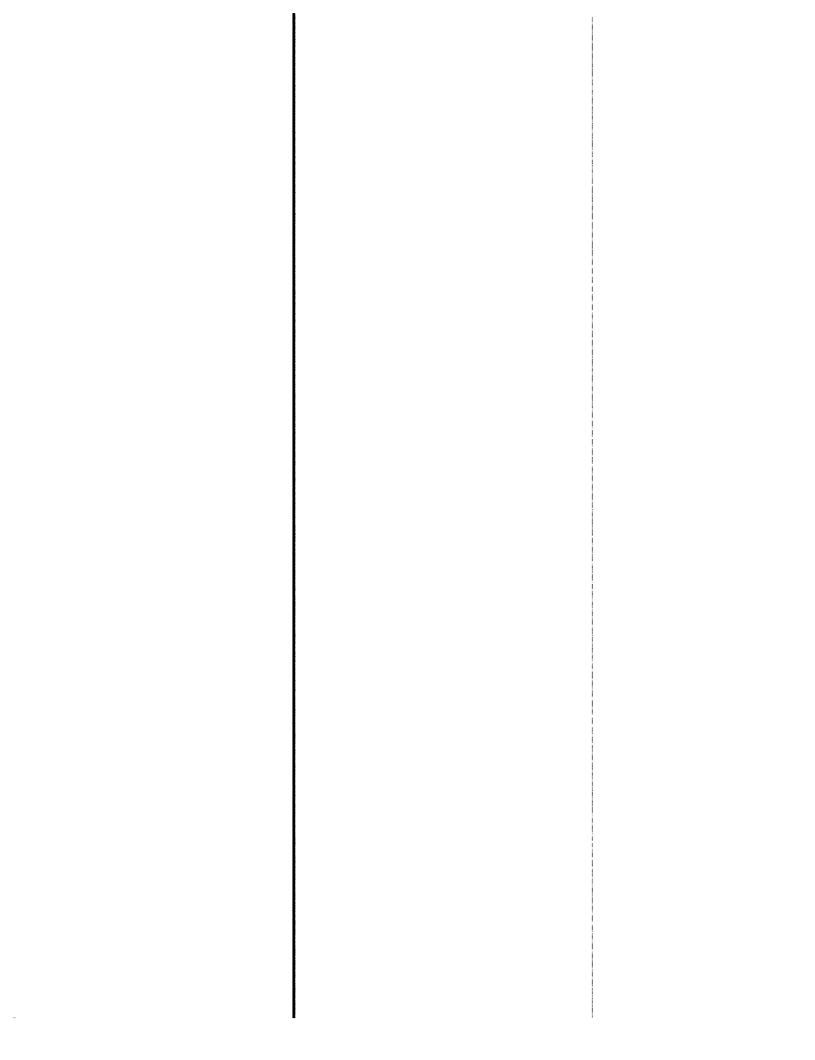
Separate Forms C-104 must be filed for each pool in multiply completed wells.







Job separation sheet



NO. OF COPIES RECEIVED		1	4	
DISTRIBUTION				
SANTA FE		1		
FILE		1	١	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>		
INANSFORTER	GAS /	/		
OPERATOR		1		
PRORATION OFFICE		I		

	DISTRIBUTION			NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
Ī	SANTA FE	1			OR ALLOWABLE	Supersedes Old C-104 and C-116
-	FILE	1.			AND	Effective 1-1-65
}	U.S.G.S.	-			AND ISPORT OIL AND NATURAL G	A C
 	LAND OFFICE	\vdash		AUTHORIZATION TO TRAN	ASPORT OIL AND NATURAL GA	43
ŀ	OIL	\top				
	TRANSPORTER GAS	1				
Ī	OPERATOR	1				
1.	PRORATION OFFICE					
	Operator	ם כי	0 83	TON		
1	Address	14 (21)	15/4/	1.0,4		
		ST.	DE	EN'/ER CO 80220		
-	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well			Change in Transporter of:		
	Recompletion			Oil Dry Gas		
	Change in Ownership X			Castrighead Gas Condens	sate	
	of the second supposed in give	.e. no:	na			
	If change of ownership givened and address of previous or				NATURAL GAS CORP	
	,			5200 SO. YALE, T	TULSA OK 74135	
П.	DESCRIPTION OF WEI	LL A	ND I	Well No. Wool Name, Including For	rmation Kind of Lease	Lease No.
	14/A1 1.			3 BLANCO PICTU	ia	or Fee FFDERAL 80535
	Location					
	Unit Letter		16	50 Feet From The N Line	and 990 Feet From T	he <u> </u>
	Omit Better	_ '	<u> </u>			
	Line of Section 23		Tow	vnship 25N Range	3W , NMPM,	RIO ARRIBA County
					-	
II.	DESIGNATION OF TRA	ANSI	ORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
	Name of Authorized franspo	orter	JI ()II	G. GS.Manatia		
	Name of Authorized Transpo	orter o	of Cas	singhead Gas or Dry Gas X	Address (Give address to which approx	ed copy of this form is to be sent)
	EL PASO NATU				E! PASO TEXAS	
			<u> </u>	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n
	If well produces oil or liqui give location of tanks.	us,			YES	
	If this production is comm	ningle	d wit	th that from any other lease or pool, g	give commingling order number:	
	COMPLETION DATA				New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of (Comp	letio			
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spaces				-	
	Elevations (DF, RKB, RT,	GR, e	tc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
						Depth Casing Shoe
	Perforations					Depth Cdsing Snoe
					CEUENTING DECORD	
					DEPTH SET	SACKS CEMENT
	HOLE SIZE			CASING & TUBING SIZE	DEFINACI	
1 ,	TEST DATA AND REG	OUES	TF	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil	and must be equal to or exceed top allow
٧.	OIL WELL			able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
	Date First New Oil Run To	Tank	. 5	Date of Test	Producing Method (Flow, pump, gas :	,, 6.0.,
					Casing Pressure	Choke Size
	Length of Test			Tubing Pressure	Casing (1999)	
	Total			Cil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod. During Test			CIT - BBANI		
					4	
	GAS WELL					
	Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
						Ohalia Sign
	Testing Method (pitot, bac	k pr.		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF CO	OMPI	LIAN	CE]:	ATION COMMISSION
DEC 1 5 19						
	I hereby certify that the	rules	and	regulations of the Oil Conservation	1	by A. R. Kendrick
				with and that the information given e best of my knowledge and belief.	BY	
	appre to the one comp	^			PETROLEUM ENGI	NEER DIST. NO. 3
	Λ				TITLE	

ASSISTANT SECRETARY TREASURER

(Title)

9-1-72

(Date)

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.