LESTRESULION SARTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	TONSERVATION COMMISSION FOR ALLOWABLE AND MISPORT OIL AND NATURAL	Form C-1/4 Superscripts Old C-104 and C-110 Effective 1-1-0
Petroleum Corpor	cation of Texas		
Address P. O. Box 911	Breckenridge, Texas	7 6024	
Resson(s) for filing (Check project bot tiew Well Reconglisher. Change in Ownership		Orter (Please explain) Effective 9-1-6	9 operator changed from Production Company
If change of ownership give name and address of previous owner	Clark & Cowden Production	Co., 5551 Yale Blvd.,	Dallas, Texas 75206
II. DESCRIPTION OF WELL AND	LEASE		Kind of Lesse
Lease Name Federal "B"	·	me, indiving Fernation wito (Pictured Cliffs)	State, Federal or Fee Federal
Unit Letter K ; 16	650 Feet From The South Lin	ne and 1650 Feet From	The West
Line of Section 11 , To	ownship 25N Range	3W , mmpm,	Rio Arriba County
IH. DESIGNATION OF TRANSPOR	ATER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Co		Address Give address to which appr Box 1492, El Paso,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	he:.
give location of tanks. If this production is comminated w	with that from any other lease or pool,	Yes give commingling order number:	Unknown
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Complet	Date Compl. Ready to Fred.	Total Derth	F.B.T.D.
Poc!	Name of Producing Formation	Top Oil/Gas Pay	Tuking Depth
Perforations			Depth Casing Shoe
Perforations	THEING CASING AN	D CEMENTING RECORD	Depth Casing Shoe
Perforations Ho. 19-24	TUBING, CASING, AN	DEPTH SET	Depth Casing Shoe SACKS CEMENT
Perforations Ho	~ 		
ногра	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HO PAR AND REQUEST.	CASING & TUBING SIZE FOR ALLOWABLE (Test must be	DEPTH SET	SACKS CEMENT
HO PAR AND REQUEST.	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	DEPTH SET	SACKS CEMENT It and must be equal to or exceed top allow
V. TEST DATA AND REQUEST,	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	DEPTH SET	SACKS CEMENT It and must be equal to or exceed top allow
V. TEST DATA AND REQUEST. OIL WELL Date First New Cil Sup To Tanks	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load o depth or be for full 24 hours) Producing Methed (Flow, pump, gas	SACKS CEMENT If and must be equal to or exceed top allow lift, etc.)
V. TEST DATA AND REQUEST, OIL WELL Date First New Oil Sun To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Fressure	SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size
V. TEST DATA AND REQUEST: OIL WELL Date First New Cil Sun To Tones Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Fressure	SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size
V. TEST DATA AND REQUEST, OIL WELL Date First New Oil Sun To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MOF/D	FOR ALLOWABLE (Test must be able for this described by the control of the control	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bols.	SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size Gas-MCF
V. TEST DATA AND REQUEST, OIL WELL Date First New Cil Sun To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this described able	after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bols. Bbls. Condensate/MMOF Casing Pressure	SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
V. TEST DATA AND REQUEST, OIL WELL Date First New Oil Sup To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MOF/D	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this described able	after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bols. Bbls. Condensate/MMOF Casing Pressure	SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size Gas-MCF Gravity of Condensate

PETROLEUM CORPORATION OF TEXAS

Production Clerk (Title)

September 19, 1969

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

Separate Forms C-104 must be filed (reach rool in multiply