Cenard	Oil 8	Ga	s (
Operator			
PRORATION OFFICE			
OPERATOR	/		
	G A S		
IRANSPORTER	OIL	ļ	
LAND OFFICE	<u> </u>		
U.S.G.S.	Ŀ		
FILE	1	4	
SANTA FE		1	
DISTRIBUTION			
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8/15/66

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE /	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND I			URAL DAG		
	TRANSPORTER OIL					
	OPERATOR /					
I.	PRORATION OFFICE Operator					
	Cenard Oil & Gas	Company				
	Address Box 814 Aztec.	Van Manda - C D //				
	Reason(s) for filing (Check proper be	New Mexico & Box 44	6 Dallas, Texas Other (Please explo	iin)		
	New Well Recompletion	Change in Transporter of:				
	Change in Ownership X	Oil Dry G Casinghead Gas Conde	as			
	If change of ownership give name and address of previous owner	J. R. Abraham				
II.	DESCRIPTION OF WELL ANI	LEASE				
	Lease Name Stevie Joe	Well No. Pool Name, Including F		of Lease No. , Federal or Fee Federal 0005654		
	Location	1 Tapacito P		, Federal or Fee Federal 080565A		
	Unit Letter K; 18	Feet From The South Li	ne and 1850' Fee	et From The West		
	Line of Section 5 T	ownship 25N Range	3W , NMPM,	Rio Arriba County		
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	16			
	Name of Authorized Transporter of O			th approved copy of this form is 1 · be sent,		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which	th approved copy of this form is so be sent)		
	El Paso Natural Gas (ompany	İ	ngton, New Mexico		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order numb	er:		
V.	COMPLETION DATA	Oil Well Gas Well		pen Plug Bac. Same Resty, Diff. Resty.		
	Designate Type of Complet					
	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			Depui Lasing 2.08		
	HOLE SIZE	TUBING, CASING, ANI	DEPTH SET	SACKS CEMENT		
		ONCHAS & FORMO SIZE	DEFIN SET	SACKS SEMENT		
V.	TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of l pth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-		
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	EF EIDAN 220		
	Actual Prod, During Test	Oil-Bbls.	/ H	LLLIVIA		
	Actual Float During 1881	OII-Bbis.	Water - Bbls.	IG 15 1966		
			OIL	Con-1966		
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	CON. COM. DIST. Savity Condensate		
		_	DESIGN COMMON (NIVION	3 dvity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
'I.	CERTIFICATE OF COMPLIANCE		OIL CONS	ERVATION COMMISSION		
			APPROVED	AUG 1 5 1966		
I hereby certify that the rules and regulations of the Oil Conservat Commission have been complied with and that the information giabove is true and complete to the best of my knowledge and beliabove.		with and that the information given	1	ned by Emery C. Arnold		
		sour or my knowledge and belief.				
	/		TITLE SUPERV	11 -		
	131 Heyer (Stenature)			ed in complishee with RULE 1104. r allowable for a newly drilled or deepened		
•	(5.8)	ature)	well, this form must be ac	companied by a tabulation of the deviation accordance with RULE 111.		
_	Agent		Att postions of this form must be filled 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.

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