NO OF CODIES DESERVED	7	
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DISTRIBUTION	NEW ME	
SANTA FE		
FILE		
U.S.G.S.	AUTHORIZATIO	
LAND OFFICE		
TRANSPORTER GAS /	-	
OPERATOR -	-	
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coorinental Oil Co	保格 じゅうこうしい	
Address	ma garage	
2, 0, 3 0x 332, Du	and room Pallimenter.	
Reason(s) for filing (Check proper box		
!tew Well	Change in Transport	
Hecompletion	Oil	
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f change of ownership give name nd address of previous owner		
DESCRIPTION OF WELL AND	LEASE Well	
Lease Name	weil	
SAME ASSESS		
Lecation		
Unit Letter ; 20	Feet From The	
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SHOULD BE

SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
FILE /		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS	
TRANSPORTER OIL				
OPERATOR GAS				
PRORATION OFFICE			·	
Operator				
Address Address	e portry			
	range, Colerado 81302			
Reason(s) for filing (Check proper box)) Change in Transporter of:	Other (Please explain)		
Hecompletion	Oil Dry Gas	Leose Neise Chun	184	
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease	
Lease Name		Blanco Picturad Cliffs		
Lecation			,	
Unit Letter ; 20	00 Feet From The Werth Line	e and 990 Feet From	The West	
Line of Section 6 , To	vnship 25N Range	5W , NMPM,	tie Arriba County	
II. DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Hameriaaa Hameriaa				
Name of Authorized Transporter of Car		,	oved copy of this form is to be sent)	
doubless Union Geo des	Unit Sec. Twp. Rge.	L	Sidgo, 1507 Pacific Dailse	
If well produces oil or liquids, give location of tanks.		Yes		
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
irool	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 F OIL WELL		pth or be for full 24 hours)	il and must be equal to or exceed top allow-	
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	
Length of Test		/RFIT		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	V SA NCF	
		FEB 36	100-	
GAS WELL		Bbls. Condensate MMCFDIST	1965	
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate, MMCF DIST. 3	COM of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	hoke Size	
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION	
	tations of the Oil Concernation	APPROVED FEB 2 6 1969 Original Signed By	5	
Commission have been complied	regulations of the Oil Conservation with and that the information given	Original Signed By		
above is true and complete to th	e best of my knowledge and belief.	PETROLFUM ENG	GINEER DIST. NO. 3	
Luca.		'''		
max Home			n compliance with RULE 1104. Iowable for a newly drilled or deepened	
(Signature)		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.		
District Manager		All sections of this form	must be filled out completely for allow-	
· ·	itle)	able on new and recompleted	wells. II, and VI only for changes of owner,	
	ry 14, 1965 Pate)	well name or number, or transp	orter, or other such change of condition.	

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 for each pool in multiply completed wells.