	! 7				
DISTRIBUTION					
SANTA FE	1				
FILE	1	-			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
- THAIRST GRY ER	GAS	1			
OPERATOR	4				
PRORATION OF					
Operator	•				
Inter-American					
Address					
	1707,				
Reason(s) for filing	Check p	roper	box,		
New Well	1 1				

F	SANTA FE	-	1			CONSERVATION COMM	IISSION	Form C+104	40 104 40 1		
	FILE		1		REQUEST	FOR ALLOWABLE AND		Effective 1-1-6	d C-104 and C-1 55		
	u.s.g.s.				AUTHORIZATION TO TR		NATHDALA	CAS			
	LAND OFFICE	_			ASTRONIZATION TO TR	AND ON TOTE AND I	NATURAL	GAS			
	TRANSPORTER	OIL									
		GAS	1								
 -	OPERATOR		4								
• •	PRORATION OF	FICE			· · · · · · · · · · · · · · · · · · ·						
1	Operator T n t c	ο ν Λπο	wi o	a.a. 1	Potmoloum Comments				-		
<u> </u>	Address	-Ame	FIC	an i	Petroleum Corporation	····					
'		1707	Dor	27701	c, Colorado 80201						
-	Reason(s) for filing				, colorado 80201	O4h (01					
	lew Well	Tet X p	oper	001)	Change in Transporter of:	Other (Please	explain)				
	Recompletion	Ħ			Oil Dry G	7°					
- 1	hange in Ownershi				=	ensate					
_		<u> </u>			0.0.00						
	change of owners			e	Rodney P. Calvin						
a :	d address of prev	vious ow	ner_								
II. <u>D</u>	ESCRIPTION O	F WEL	L AN	D L	EASE						
	ease Name				Weli No. Pool Name, Including F	Formation	Kind of Leas		Lease No.		
	McKenzie	<u>: </u>			1 So. Blanco P	.C.	State, Federa	or FeeFederal	015014		
I.	ocation,										
	Unit Letter M		, 10	080	Feet From The South Lin	ne and 790	Feet From '	The West			
		2 =			0.77						
_	Line of Section	25		Town	ship 25N Range	6W , NMPM,	Rio A	rriba	County		
	ESIGNATION O				ER OF OIL AND NATURAL GA		o which approx	ved copy of this form is to	o he senti		
į.	01 /14//01/204			٠ ر		radicas (othe address t	o which appro-	oce copy of this joint is to	o de sem,		
- EN	cme of Authorized	Transport	ter of	Casir	nghead Gas or Dry Gas X	Address (Give address t	o which approx	ved copy of this form is to	o be sent)		
	El Paso Na					1					
					Unit Sec. Twp. Ege.	P.O.Box 990, F	armington d? Whe	n, New Mexico	.		
	well produces oil ive location of tank		١,	1		yes		3-30-67			
7.6					that form any other loops on real			-			
	OMPLETION D		grea	With	that from any other lease or pool,	give commingling order	number:				
٦			1		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.		
	Designate Typ	e of Co	mple	tion	- (X)		1		.1		
Φ	ate Spudded			l	Date Compl. Ready to Prod.	Total Depth	16h	P.B. X.D.	-		
							111	<u>& \</u>			
E	evations (DF, RKE	B, RT, GR	₹, etc.	.) 1	Name of Producing Formation	Top Oil/Gas Pay	S X	Tubing Dipth			
\perp							3 (0			
	erforations					10	.0	Deptin daing snoe			
<u> </u>		orations TUBING, CASING, AND CEMENTING RECORD									
-	HOLE	5175			CASING & TUBING SIZE	DEPTH SE		SACKS CEM	FNT		
-	HOLL	3122		- 	CASING & TOBING SIZE	<i>DEI</i> 1111 34	(0)	SACING CEM			
-				-				1			
\vdash											
				\dashv		· • • • • •		† ····			
ע. ע. מרו	FST DATA AND	REQU	EST	FOI	RALLOWABLE (Test must be a	fter recovery of total volum	ne of load oil a	and must be equal to or e	sceed top allow-		
	L WELL	, und			able for this de	pth or be for full 24 hours					
[5	Date First New Oil Run To Tanks Date of Test				Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
L	ength of Test				Tubing Pressure	Coaing Pressure		Choke Size			
A	ctual Prod. During	Test		(Oll-Bbls.	Water-Bbls.		Gas-MCF			
L.											
	AS WELL					Inv. a		Talling tall			
^	ctual Prod. Test-N	ICF/D		I	ength of Test	Bbls. Condensate/MMCF		Gravity of Condensate			
	esting Method (pito	t back as	- 1		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	121	Choke Size			
1.	esting Method (pito	e, ouch p	.,	Ι,	abing Pieseme (SAME-In)	Costing Pressure (Suee-	,	Chore Street			
_							011050141	T.O			
ı. CI	ERTIFICATE O	F COMI	PLIA	NCE	s S	OIL C	ONSERVA	TION COMMISSION	ን <u>ነወ</u> ደት!		
						APPROVED		<u> </u>			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Original Signed by Emery C. Arnold							
ab	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			I BY							
7	•			OUDERVISOR DIST, #9							
_	By: Osignature) President			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
τ											
						All sections of t	his form mus	t be filled out complet			
	C == + ·	mb '		Title,		able 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.					
	берге	mber :									
			(Date,	,	Merr mame of mamper,	J porte	,			

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.