	NO. OF COPIES RECEIVED					1		47	ru	
	DISTRIBUTION			NEW MEXI	(ISSION -	、'シ Fo	31			
	SANTA FE		REQUEST FOR ALLOWABLE						Si	щ
	FILE					AND			E	fi
	U.S.G.S.		AUTHO	RIZATION	TO TRA	NSPOR	T OIL AND	NATURAL	GAS	
	LAND OFFICE							Tr	dec	!
	TRANSPORTER OIL							1	ه ط زر	i
	GAS		į				•	I.S	M	
	OPERATOR							•	JUN	Į
1.	PRORATION OFFICE									_
	Benson-Monti Address 221 Petrolet Reason(s) for filing (Check New Well Recompletion Change in Ownership If change of ownership give	um Cente	er Bui	lding,	Farmir	. [, New Me	exico 8º	7401	: <u>-</u>
	DESCRIPTION OF WEI	wner	ASE Well No.	Pool Name, I	ncluding F	noifpanc		Kind of Leas	se	_
	Canada Ojitos	Well No. Pool Name, Including Formation West 27 Puerto Chiquito Mancos					State, Federal or Fee Fe		•	
	Unit Letter	, 2166	Feet Fro	m Theea	st Lin	• and	1680	Feet From		
	Line of Section 8	Towns	hip 241	<u> </u>	Range	LW	, NMPN	4 KlO	Arriba	ļ

If this production is commingled with that from any other lease or pool,

Ciniza Pipe Line,

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

10/14/84

7517' GR

HOLE SIZE

Date First New Oil Run To Tanks

1/29/85

24 Hours

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitos, back pr.)

VI. CERTIFICATE OF COMPLIANCE

GAS WELL

7575!

Date Spudded

Name of Authorized Transporter of Casinghead Gas

Designate Type of Completion - (X)

76651

V. TEST DATA AND REQUEST FOR ALLOWABLE

64

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 knewledge and belief.

(Signature)

President (Title)

vations (DF, RKB, RT, GR, etc.)

Inc

2001/11/ Form C-104 Supersedes Old C-104 and C-110

JUN 1 D 1985

OIL COM

Federal or Fee Federal

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

Bloomfield,

P.B.T.D.

Tubing Depth

Stage Stage

Choke Size

Gas - MCF

TSTM

77321

69221

SACKS CEMENT

275

1

Casing Sho

Box 1887,

Is gas actually connected?

give commingling order number:

780g.

5031

7803!

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)

frac water

30

Swabbing

Top Oil/Gas Pay

ter - Bhie

TUBING, CASING, AND CEMENTING RECORD

69**85**1

P.O.

or Dry Gas

Two.

:24N

8

1/29/85

Name of Producing Formation

5-1/2"

1/29/85

Tubing Pressure (Shut-in)

CASING & TUBING SIZE 9**-**5/8"

Niobrara

6956-7254

Date of Test

Length of Test

south

Effective 1-1-65

Lease No.

MM28697

NM 87413

Same Resty. Diff. Resty.

Bbls. Condensate/MMCF Gravity of Condensate Choke Size Casing Pressure (Shub-in) UIL CONSERVATION COMMISSION JUN 1 0 1985 APPROVED Original Signed by FRANK T. CHAVEZ BY. SUPERVISOR DISTRICT # 3 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 allow-e on new and recompleted wells.

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

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