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SANTA FE /		CONSERVATION COMMISSION	Form C-104
FILE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	-	AND	
LAND OFFICE	_ AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS
OIL	-		
TRANSPORTER GAS /	_		
OPERATOR /			
I. PRORATION OFFICE CHANGE DELTA OF	8- GAS CO INC		
1330 LEYDEN ST	DEET CHITE 121		
Address DENVER, COLOR			
Reason(s) for filing (Check proper box	()	Other (Please explain)	
New Well	Change in Transporter of:	Corporato	Name Change from
Recompletion	Oii Dry C	Gas OUI POI ale	maine change from
Change in Ownership	Casinghead Gas Cond	ensate Dyna Ray O	& Gas Co., Inc. to
If change of ownership give name and address of previous owner		Trans Delta	Oil & Gas Co., Inc.
II. DESCRIPTION OF WELL AND			•
Lease Name	Well No. Poc. Name, Including		Lease No.
EDWARDS FEDERAL	1 SO BLANCO	PC State, F)(de	ral or Fee NM017578
Location Unit Letter D , 99	OFeet From The_NORTH_L	ine and 990 Feet Fron	a. The W
	wnship 24N Range		
	241	1W , NMPM, RI	O ARRIBA County
II. DESIGNATION OF TRANSPORT			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Car		Address (Give address to which appr	oved copy of this form is to be sent!
EL PASO NATURAL GA		EL PASO TX	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
If this production is commingled wi	th that from any other lease or pool	, give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty, Ditf. Resty,
Designate Type of Completion	$\operatorname{on} = (X)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TIDING GARNIGA AN	ID OF UF VITAN DECORD	
	T	ID CEMENTING RECORD	2.5/2.5/2.7
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			
	1		
V. TEST DATA AND REQUEST FO		after recovery of total volume of load of lepth or be for full 24 hours)	l 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
Landin or Last			J)
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MOF 1973
CACWELL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	COM
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. CERTIFICATE OF COMPLIANCE

CHIEF ACCT

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 knowledge and belief.

(Signature)

(Title)

(Date)

TION COMMISSION .OWABLE

rmation	Kind of Lea		Leas e No.
: 	State, F X der	ral or Fee	NM017578
. 000	_	14	
and <u>990</u>	Feet From	The W	
1W , N	MPM, RI	O ARRIBA	County
Address (Give addre	ess to which appr	oved copy of this form	n is to be sent!
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Address (Give addr	ess to which appr	oved copy of this form	n is to be sent!
EL PASC		hen	
1962	inected?	nen	
ive commingling o	urder number:		
New Well Worko	ver Deepen	Flug Back Same	e Restv. Ditf. Restv.
Total Depth		P.B.T.D.	<u> </u>
Top Oil/Gas Pay		Tubing Depth	
		Depth Casing Sho	
CEMENTING REC	ORD		
DEPT	HSET	SACKS	CEMENT
		1	
		and must be equal to	or exceed top allow
h or be for full 24 h	ours)		or exceed top allow
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