NO. OF COPIES REC	1		
DISTRIBUTIO	NC		
SANTA FE	1		
FILE	1		
U.S.G.S.			
LAND OFFICE			
[RANSPORTER	OIL	/	
THE STATE OF THE S	GAS	1	
OPERATOR	3		
PRORATION OF	FICE		
Operator			

II.

III.

DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE I RANSPORTER GAS / OPERATOR PRORATION OFFICE Operator Humble Oil & Refining Address: Box 120 Denver, Color Reason(s) for filing (Check proper bottlew Well I tecompletion:	AUTHORIZ	ATION TO TRA	FOR ALLOV AND .NSPORT OI	VABLE L AND NATU er (Please expla	JRAL G	Effective 1-1	s tructions	
Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas	S Conden	sate					
DESCRIPTION OF WELL AND	LEASE							
Lease Name North Lindrith Com.		Well No. Pool Nar Blen				Kind of Lease State, Federal or Fee	Federal	
Location H 990)	South	990			West		
Oint Eetter	reet rioni rhe	Lin	e ana	Fee	et From Ti	Arriba		
Line of Section 20 , To	wnship 26%	Range	2W	, NMPM,	W.T.O.	AITIUM	County	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi McWood Corporation						ed copy of this form is New Mexico	to be sent)	
Name of Authorized Transporter of Co El Paso Natural Gas Co		r Dry Gas	Address (Give			ed copy of this form is New Mexico	to be sent)	
If well produces cil or liquids,	Unit Sec.	Twp. Rge. 2W	Is gas actuall	y connected?	Wher	1-5-60		
If this production is commingled w	ith that from any oth	er lease or pool,	give comming	ling order numk	oer:			
Designate Type of Completi	on - (X) Oil Wel	1	New Well Total Depth	Workover De	epen	Plug Back Same R	es'v. Diff. Res'v.	
Fcol	Name of Producing l	Formation	Top Oil/Gas Pay			Tubing Depth		
Perforations		*****	<u> </u>			Depth Casing Shoe	·	
	TUBIN	IG, CASING, AND	CEMENTING	RECORD				
HOLE SIZE	CASING & T	JBING SIZE	D	EPTH SET		SACKS CE	MENT	
TEST DATA AND REQUEST F	OR ALLOWABLE	(Test must be af able for this de			load oil a	nd must be equal to or	rceed top allow-	
OIL WELL Date First New O.J Run To Tanks	Date of Test	able jet thus ac		thod (Flow, pump	p, gas lift.	etc.)	FN	
Length of Test	Tubing Pressure		Casing Press	ure		Chore Stze	1 20	
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.			OCT3	1965	
Actual Floor Builting Foot	Janes.					Gas MCF OIL COI	1. CUIII.	
GAS WELL						DIS	1. · · · /	
Actual Prod. Tes:-MOF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Condensat	e e	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Press	ure		Choke Size		
CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION							
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVE	OCT 6	1905	Emery C. Ar	, 19 n cid	
above is true and complete to th			ž.			2/11101 9 0	<u> </u>	
	TITLE Supervisor Dist. # 3							
Original signed by: Roger	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 cut completely for allowable on new and recompleted wells.							
District Operations S								

(Date)

able on new and recompleted wells.

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.

NO. OF COPIES REC	:	7	
DISTRIBUT	1		
SANTA FE	1		
FILE	: /		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1/_	
	GAS		
OPERATOR	3		
PRORATION OF			

(Title)

(Date)

10-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /		REQUEST				FOR ALLOWABLE AND				Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZ	ZATION 1	TO TRA	ANSPOR ⁻	T OIL A	ND NATU	RAL GA	4S				
	IRANSPORTER OIL /												
т	OPERATOR 3	. – .											
1.	Coperator Humble Oil & Refining Company												
	Address Box 120 Denver, Colerade 80201												
	Reason(s) for filing (Check proper be	•					Please expla		met	r instruct	ione		
	New Well Recompletion Change in Ownership	Char.ge in Tra Oil Casinghead G		Dry Go Conder	=					d 6-2-65			
	If change of ownership give name and address of previous owner	-											
II.	. DESCRIPTION OF WELL ANI) LEASE						•					
	North Lindrith Com.		Well No.		me, Includ		cliffs		Kind of State, F	Lease ederal or Fee	ederal		
		90 Feet From Th	e South	Lin	ie and	990	Fee	t From Th	ле	West			
	Line of Section 20 , T	ownship 261	Ra	inge	2W		NMPM,		Rio /	krriba	County		
III.	DESIGNATION OF TRANSPO	RTER OF OIL AN	D NATUR	RAL GA	ıs								
	Name of Authorized Transporter of C McWood Corporation	il or Conde	nsate [Address (Give address to which appro				nved copy of this form is to be sent) New Mexico				
	Name of Authorized Transporter of C		or Dry Gas	#	Address Box		lress to whic			of this form is to	be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 261	Rge. 2W	Is gas a	ctually co	nnected?	When		1-5-60			
	Designate Type of Complet Date Spudded Perforations	Oil Wood Name of Producing	y to Prod.	s Well	New Well Total De	1	over Dee	pen	Plug Bar P.B.T.E Tubing I).	v. Diff. Res'v.		
	Perforations												
				& TUBING SIZE		D CEMENTING RECORD DEPTH SET			SACKS CEMENT				
V.	. TEST DATA AND REQUEST	FOR ALLOWABLI			fter recove opth or be f			oad oil ar	id must l	be equal to or ex	ceed top allow-		
	OIL WELL Date First New Ci. Run To Tanks	Date of Test		77 27700 000			(Flow, pump	, gas lift,	etc.)	of FIV	FA		
	Length of Test	ength of Test Tubing Fressure			Casing Pressure				Choke Size				
	Actual Prod. During Test	Oil-Bbls.			Water-B	bls.			Gas MC	OIL CON.			
	I						DIST.	3					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate				
	Testing Method (p tot, back pr.)	Tubing Pressure			Casing F	 Pressure			Choke S	Size			
	CERTIFICATE OF COMPLIANCE												
VI.	CENTER OF COMMENSOR				OIL CONSERVATION COMMISSION								
	I hereby certify that the rules and Commission have been complied	with and that the	and that the information given st of my knowledge and belief.			APPROVED OCT 6 1965 Original Signed Emery C. Arnold							
	above is true and complete to the	ne best of my know					-						
	Original signed	py. Roger S. Frazier				_	upervisor l						
					If	this is	a request fo	r allowa	ble for	e with RULE a newly drille	d or deepened		
	(Signature) District Operations Superintendent					this form	must be ac	ccompani	ied by a	tabulation of th RULE 111.	the deviation		

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.