NO. OF COPIES RECEIVED			
DISTRIBUTIO			
SANTA FE		i	
FILE			-
U.S.G.S.			
TRANSPORTER	OIL	1	
	GAS	(	
OPERATOR			
PRORATION OFFICE			
Operator			•

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104	
	FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS	
	LAND OFFICE				
	TRANSPORTER GAS (				
	OPERATOR				
I.	PRORATION OFFICE				
	Merrion & Bayless				
	Address Petrolem	m Club Plaza Bldg	Farmington, N M	/	
	Reason(s) for filing (Check proper box	)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Gar Casinghead Gas Conden	<del></del>		
	Change in Ownership	Cusingheda Gus Conden	isdie A.		
	If change of ownership give name and address of previous owner				
	and address of provious owner.				
II.	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease	
	No 11	N CINTY I	ilan Pic Cliff	State, Federal or Fee Federal	
	Location				
	Unit Letter;;	990 Feet From The W Lin	e and 990 Feet From T	The S	
	Line of Section 20 , To	wnship 26N Range	2W , NMPM, Rio A	rriba County	
III.	DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oil	<del>_</del>	Address (Give address to which approx	·	
	Plateau,  Name of Authorized Transporter of Car		Box 108 Farmington, N M  Address (Give address to which approved copy of this form is to be sent)		
	El Paso N		Farmington, N M	, , , , ,	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	give location of tanks.	M 20 26 2	yes		
		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.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, gump, gas Mi	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure 1 2 1967	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. N. COM.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED		
	Commission have been complied to	with and that the information given	By Original Signed by Emery C. Arnold		
	above is true and complete to the	e best of my knowledge and belief.	<del> </del>		
			TITLE SUPERVISOR DIST. #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 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

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL	1	
GAS	1	
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL I GAS I

	DISTRIBUTION I		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE 1		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS I	1					
	OPERATOR /	1					
ĭ.	PRORATION OFFICE	1 :					
	Operator						
	Merrion	& Bayless					
	Address		<b>.</b>				
			Farmington, N Mex				
	Reason(s) for filing (Check proper box) New Well	) Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil Y Dry Ga	ıs.				
	Change in Ownership		nsate XX				
		- Logari					
	If change of ownership give name and address of previous owner						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND						
	Lease Name	74 Contract Well No. Pool Nar	me, Including Formation	Kind of Lease			
		1 Elai	nco Mesa Verde	State, Federal or Fee Federal			
	Location			_			
	Unit Letter M; 990	Peet From The W Lin	ne and 990 Feet From T	'he S			
	Line of Section 20 , Tov	wnship $2 \acute{ exttt{o}}  exttt{N}$ Range	2W , NMPM, Rio	n Arriba County			
	Line of Section 20 , Tow	wiship ZUN Adinge	2W , NMPM, Ric	o Arriba County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)			
	Plateau, I	Inc	Box 108 Farmingto	on, N M			
	Name of Authorized Transporter of Cas	_	Address (Give address to which approv	ed copy of this form is to be sent)			
	El Paso Na	tural Gas Co	Farmington, N M				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	u,			
	give location of tanks.	M 20 26 2	yes				
***		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			1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			COEII A				
		TUBING, CASING, AND	D CEMENT NORTEGORD				
	HOLE SIZE	CASING & TUBING SIZE	HETTER LU	SACKS CEMENT			
		<del></del>					
			JAN . 2 967				
			OIL CON. COM.				
v	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a		and must be equal to or exceed top allow-			
٠.	OIL WELL	able for this de	epth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, purp, gas lif	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		00, 50	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	wdter-Bbis.	Gds - MCr			
		<u> </u>					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
			JAN 12	1027			
	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.		Original Signed by Emery C. Arnold				
(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.  All sections of this form must be filled out completely for allowable on new and recompleted wells.					
					(Title)		
	/D <sub>1</sub>						
	(200				,		