ĺ	NO. OF COPIES RECE	EIVED		
	DISTRIBUTION			
1	SANTA FE	1		
i	FILE			
	U.S.G.S.			
- [	LAND OFFICE			
	TRANSPORTER	OIL	1	
	TRANSFORTER	GAS	<i>i</i>	
	OPERATOR			
	PRORATION OFFICE			

III.

			(				
DISTRIBUTION							
SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116				
FILE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65				
U.S.G.S.	AUTHODIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS				
LAND OFFICE	AUTHORIZATION TO TRA	AND THE OIL AND THE ORAL O	7.0				
OIL 1							
TRANSPORTER GAS							
OPERATOR /							
PRORATION OFFICE							
Crerator							
Depco Inc.							
Address							
825 Petroelum C	Club Building, Derver,	Colorado 80202					
Reason(s) for filing (Check proper box)		Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion	Oil Dry Go	<b>—</b>					
Change in Ownership X	Casinghead Gas Conde	nsate					
If change of ownership give name	International Oil & G	as Corporation, 825 Pe	troleum Club Building,				
and address of previous owner	Denver, Colorado 80	202	<del></del> -				
I. DESCRIPTION OF WELL AND I	LEASE	ame, Including Formation	Kind of Pase				
Lease Name	Lease No.   Well No.   Post No		State, Federal or Fee Federal				
Miles Federal	SF 079162 2 Basi	n Dakota	1 Edelal				
Location		1490 -	- West				
Unit Letter N; 950	Feet From The SOUTH Lin	ne ani 1480 Feet From 7	Ine WCCC				
	0611	75.7 NADA Pio	Arriba County				
Line of Section 7 Tov	vnship 26N Range	7W , NMPM, Rio	AITIDA				
	TO ON AND MATTERAL C.	A C					
I. DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)				
•		losa c Can Plda Poy 3	30 Abilene Texas				
McWood Corporat	Singhead Gas or Dry Gas Y	Address Give address to which appro- Fidelity Union Tower	ved copy of this form is to be sent)				
Southern Union		1506 Pagific Ave Da	llas Texas				
<del> </del>	Unit Sec. Twp. Rge.	1506 Pacific Ave., Da	en				
If well produces oil or liquids, give location of tanks.	N 7 26N 7W	Yes	2-1-66				
If this production is commingled wi	th that from any other lease or pool,	, give commingling order number:					
V. COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v				
Designate Type of Completion		New Well Workston Doopen					
Designate Type of Completion	· · · · · · · · · · · · · · · · · · ·	Total Depth	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	Total Deptil					
		Top Oil/Gas Pay	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ony Gas 1 ay					
			Depth Casing Shoe				
Perforations							
	TURING CASING AN	ND CEMENTING RECORD					
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE						
	OD ALLOWARIE (Tast must be	after recovery of total volume of load oil	l and must be equal to or exceed top allo				
V. TEST DATA AND REQUEST F	able for this depth or be for full 24 hours						
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ist, etc.)				
		i	Chala Sec ALIII A				
Length of Test	Tubing Pressure	Casing Pressure	Choke Srze 7				
			Ga - MCF				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gus Mod Was				
			1986				
1			CON. COM.				
GAS WELL			Gravity of Condengate 2				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gidviny on County ST: 3				
			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	S				
			ATION COMMISSION				
THE OF COMPLIAN	· ·	OIL CONSERV	ATION COMMISSION .				

## VI. CERTIFICATE OF COMPLIANCE

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.

Q.	I S	N. G	? •	 
Lifter			(Signature)	
	Dist.	rod.	Supt.	
		•	(Title)	

JUN 2 1966

APPROVED	JUN	b	196 <b>6</b> _	, 19,
APPROVED	-1 Stan	 ed	by Emery	C Arnold
BYS	SUPERVIS	SOR	DIST. #3	
~:T! = ^	,			

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 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.