					/	
DISTRIBUTION	-					
SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
FILE		REQUEST	FOR ALLOWABL	E ·	Supersede	s Old C-104 and C-1
U.S.G.S.	AUTHORIT	A TION TO TO	AND		Effective	1-1-65
LAND OFFICE	- AUTHORIZ	ATION TO TRA	ANSPORT OIL AN	D NATURAL (GAS	
011	-					
TRANSPORTER GAS /	7					
OPERATOR 3						
PROPATION OFFICE Operator						
Soulkins Oil Con	ປີເກ ຕະການ <i>ເ</i>					
Address	:Ourry					
2.0. 3om 340, 31c	omfield. H	en Hewico				
Reason(s) for filing (Check proper box)	0.0.1.0.1.2.00	Other (Ple	ase explain)		
New Well	Change in Tran	sporter of:		,		
Recompletion	OII	Dry Go	ıs			
Change in Ownership	Casinghead Ga	S Conde	nsate 📗			•
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF WELL AND			Marian	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Legse Name		Name, Including F		Kind of Leas		Lease No.
Breech "D"	<u> 353 Sc</u>	outh Blanc	o PC	State, Federa	lor Fee Rod	10/03/5/53
Unit Letter F : 173	Feet From The		e and <u>1850</u> 6 7 , NM	Feet From	rhe <u>les</u> o Arriba	L. County
DESIGNATION OF TRANSPORT			Address (Give addre	ss to which approv	ved copy of this form	n is to be sent)
Name of Authorized Transporter of Cas		or Dry Gas 🛅	Address (Give addres			
Gas Company of Hew			1508 Pacif		Dallas, T	exas
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually conne	ected? Whe	er.	
If this production is commingled wit COMPLETION DATA	th that from any oth	er lease or pool,	give commingling or	der number:		
Designate Type of Completic	on - (X)	ll Gas Well	New Well Workove	er Deepen	Plug Back Same	Res'v. Diff. Res'v.
				1		
Date Spudded	Date Compl. Ready		Total Depth	``	P.B.T.D.	
5-23-77 Elevations (DF, RKB, RT, GR, etc.)	6-19-		1,000) ————————————————————————————————————	400	<u> </u>
6584 Gr.	1	d Cliffs	Top Oil/Gas Pay		Tubing Depth	
Perforations		T OFFIE	2925	····	2937 Depth Casing Sho	
2937 to	3018				400	
		IG, CASING, AND	CEMENTING REC	ORD	1 400	<u> </u>
HOLE SIZE	CASING & T		DEPTH		SACKS	CEMENT
12 1/4"	8 5,	/gii	145		150	
7 7/6"		/211	4,000)	765	
	1"		2937			
			1			

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) OIL WELL

Date First New Oil Run To Tanks	Ddte of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	• • • • • • • • • • • • • • • • • • •
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gqe-MCF	7.

GAS WELL

ı.

II.

III.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
63.5	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Back Pressure	910	910	3/1

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.

)	
Kulles	(Myun	
	(Signature)	

(Date)

Superintendent

(Title)

OIL CONSERVATION COMMISSION

APPROVED_ By Original Signed by A. R. Kendrick 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 only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Sanarata Forma CatOd must be filed for each nool in multiple