...5-000, Aztec, N.M.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	
PRORATION OFFICE	

...OIL CONSERVATION COMMISSION
...EQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API 30-039-21738

I.

Operator
Polin Oil Company

Address
P. O. Box 400, Aztec, New Mexico 87410

Reason(s) for filing (Check proper box) | Other (Please explain)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Candado	22-A	Blanco Mesaverde	State / Fed.	SF079161

Location

Unit Letter D : 1190 Feet From The N Line and 790 Feet From The W Line

Line of Section 4 Township 26N Range 7W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate		Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.		X	4775 Indian School Pd. N.E., Albuquerque, N.M.
Name of Authorized Transporter of Casinghead Gas	or Dry Gas		Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company		X	P. O. Box 990, Farmington, N. Mex. 87401
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4 Twp. 26N Rge. 7W	Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/2/78	3/28/79	5325' KB	5270' KB

Elevations (DF, RKB, RT, GR, etc.)	Name of Prod. Form.	Top Oil/Gas Pay	Tubing Depth
6651' GL	Mesaverde	5148'	

Perforations	Depth Casing Shoe
5148' - 5216'	

CASING, LINING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	297' KB	250 sxs to surface.
7 7/8"	5 1/2"	5312' KB	800 sxs to surface.
	1 1/2"	5206' KB	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
865 AOF	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	1028#		3/4"

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.

*** Notarized Deviation Survey on file w/OCC

(Signature)

Agent, POLIN OIL CO.

(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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