DESIGNATION OF TRANSPORT	TUD OF OH AND NATURAL CA	C	•
Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)
Plateau Incorporated		4775 Indian School Rd.	NE, Albuquerque, NM 8711
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
Designate Type of Completio	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-7-80	10-31-80	8096'	8052¹
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6905' GL	Mesaverde	5821'	5910
Perforations 5821-5833, 5844-5856, 5868-5880			Depth Casing Shoe
	425-5446, 5464-5479, 557	2-5594	5910
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 5/8" 48#	318'	530 sx
12 1/4"	9 5/8" 36#	3950 '	1580 sx
8 3/4"	7" 23#	8096'	930 sx
	2 1/16	5910	i

GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test 2883 3 Hrs. Cosing Pressure (Shut-in) Choke Size esting Method (pirot, back pr.) Tubing Pressure (Shut-in) 1015 psig 225 psig Back Pressure OIL CONSERVATION DIVISION

able for this depth or be for full 24 hours)

Cosing Pressure

Water - Bbis.

TITLE .

I. CERTIFICATE OF COMPLIANCE

Date Fire: New Oil Run To Tanks

OIL WELL

Length of Test

Actual Prod. During Test

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.

(Dota)

a Dagaed By

Date of Test

Oil-Bbls.

Tubing Pressure

VARANCA. (Signatura)

District Adminsitrative Supervisor (Title)

. TEST DATA AND REQUEST FOR ALLOWABLE

January 30, 1981

APPROVED FFB 1 1981

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-

Producing Method (Flow, pump, gas lift, etc.)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 4

This form is to be filed in compliance with RULE 1104.

M.

If this is a request for allowable for a nawly drilled or deepened wall, this form must be accompanied by a tabulation of the deviation leads taken on the well in accordance with RULX III.

All sections of this form must be filled out completely for allowable on new and recompleted walls. 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 Forma C-104 must be filled for each pool in multiply completed wells.