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TRANSPORTER	OIL	•	
	GAS		
OPERATOR		1	
PRORATION OFFICE			
Operator			

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (SAS	
1.	PRORATION OFFICE Operator Amerada Petroleum Cor Address P. O. Box 1469, Duran Reason(s) for filing (Check proper box, New Well	go. Colorado	Other (Please explain)		
	Recompletion Change in Ownership If change of ownership give name and address of previous owner	Oil Dry Gas Casinghead Gas Conden	s	from #22-36 to Well No. 3.	
I.	DESCRIPTION OF WELL AND Lease Name		ne, Including Formation	Kind of Lease	
	Hervey State Location	3 0	tero Gallup	State, Federal or Fee	
	Unit Letter ; 165	9 Feet From The North Line	e and 1725 Feet From	The West	
	Line of Section 36 Tox	wnship 25 Range	, NMPM,	County	
I.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil Basin Pipe Line, Inc.	TER OF OIL AND NATURAL GA	Address (Give address to which appro	wed copy of this form is to be sent)	
	Name of Authorized Transporter of Car Amerada Petroleum Carp	oration	Address (Give address to which appropriate P. O. Box 1469, Duran	oved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	2/22/61	
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	TPlug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on – (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND 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)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siz	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MG JAN 28 1986	
			<u> </u>	OIL CON. COM	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condinate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
۷I.	L CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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.		APPROVED JAN 2 8 1966 , 19			
		Original Signed Emery C. Arnold Supervisor Dist. # 3			
AF Fur (Signature)			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		
	Zorenen	itle)	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.		
	January 21, 1966				

(Date)

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.

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