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TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FÉ FILE U.S.G.S. LAND OFFICE FRANSPORTER OIL GAS J	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85			
1.	OPERATOR / PRORATION OFFICE Operator						
Suite 1200 Lincoln Tower Bldg. Denver, Colo 80203 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·			
H.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease No.						
	Lease Name	Well No. Pool Name, Including Fo		State, Federal o	2000		
	NOCKI 1 Basin Dakota FFD.						
	Unit Letter P; 1025 Feet From The South Line and 990 Feet From The East						
	Line of Section 4 Town	nship 25N Range	11W , NMPN	. San Ji	ian County		
III.	DESIGNATION OF TRANSPORT		S				
	Name of Authorized Transporter of Oil	or Condensate X	,		l copy of this form is to be sent)		
	Plateau, Inc. Name of Authorized Transporter of Casi	Plateau, Inc. Rox 108, Farmington, Norme of Authorized Transporter of Casinghead Gas or Dry Gas XI Name of Authorized Transporter of Casinghead Gas Address (Give address to which approximately app					
	El Paso Natural (Box 990, Farm	ington. N.N	4. 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. P 4 25N 11W	Is gas actually connect	ed? When			
	If this production is commingled with	that from any other lease or pool,	give commingling orde	r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	12/18/72	2/16/73 Name of Producing Formation	6112 Top Oil/Gas Pay		Tubing Depth		
	(-1,, ,,,	Dakota	5930		6045		
,	6433 GR	1 3930		Depth Casing Shoe			
	5930 - 5964 W/L			6112			
		TUBING, CASING, AND			SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	610	= 1	300 sacks		
	12-1/4 7-7/8	8-5/8 4-1/2	6112		560 sacks 1st. stage &		
	7 77 0				360 sacks 2nd stage		
			<u>L</u>		DV Tool @ 2017.		
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)						
	Date First New Oil Run To Tanks Date of Test Producing Method (Carlos Method (Car				etc.)		
					thoke Size		
	Length of Test	Tubing Pressure	1100	4073			
	Actual Prod. During Test	Oil-Bbls.	Water-Bble FEB	1 1 1	Ga-MCF		
			1 11	CON. COM.			
	GAS WELL DIST. 3						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Min		Gravity of Condensate		
	9.215 MMCFD	3 Hrs. Tubing Pressure(Shut-in)	20BCPD (Casing Pressure (Shu	Est.)	Choke Size		
	Testing Method (pitot, back pr.) Back PR.	1707	Casing Fresser (522		3/4		
11.77	CERTIFICATE OF COMPLIANCE		OIL	CONSERVAT	TON COMMISSION		
¥ 1.	CERTIFICATE OF CO.M. Est., ve			FFR	1 6 1973		
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		AFFROVED				
	Commission have been complied wabove is true and complete to the	BY Original Signed by Emery C. Arnold					
		TITLE	TITLESUPERVISOR DIST. #3				
WL Shaver			******	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	(Signature) Sr. Production Clerk (Title) The 16 1073 (Signature) Well, the form the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.			ed by a tabulation of the deviation			
				filled out completely for allow-			
				Sections Y II.	III. and VI for changes of owner,		
		(Date) (Date) (Date) (Date) Separate Forms C-104 must be filed for each pool in multicompleted wells.					
			ci combiered werre-				

