	teau 1-El Paso 1-File			I	
DISTRIBUTION SANTA FE  FILE				Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.  LAND OFFICE  I RANSPORTER OIL / GAS /  OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL GAS	30-045-24182	
Jerome P. McHug	h				
Box 208, Farmin	gton, NM 87401	Other (Please			
Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	ıs 🔲			
If change of ownership give name and address of previous owner					
Lease Name Colket	Colket 1E Basin Dakota State, Fed		Kind of Lease State, Federal or F	NOO C 14-20-5200	
Unit Letter K : 1850	Feet From The South Lir			2	
Line of equipment		1W , NMPN	<u>^,San</u>	Juan County	
Name of Authorized Transporter of Oil	or Condensate X	1775 Indian Sc	hool Road NE	opy of this form is to be sent)  Alb. NM 87110	
Plateau, Inc. Name of Authorized Transporter of Casi El Paso Natural	Gas Co.	Box 990, Farm  Is gas actually connect	ington, NM 8	opy of this form is to be sent,	
If well produces oil or liquids, give location of tanks.		No			
If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	New Well Workover		ag Back   Same Res'v. Diff. Res'v.	
Designate Type of Completion	n - (X) X	X Total Depth	P.	B.T.D.	
Date Spudded 3-29-80	4-18-80	6000'		5912'	
Elevations (DF, RKB, RT, GR, etc.) 6371 GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 5738		bing Depth  5790 KB  pth Casing Shoe	
Perforations 5794-5808, 575	4-5759, 5738-5748 Bas				
	TUBING, CASING, AN	DEPTH		SACKS CEMENT	
12-1/4" 7-7/8"	8-5/8" 4-1/2"	397' 6008'	RKB	235 sx 800 sx	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this c	after recovery of total voicepth or be for full 24 hou. Producing Method (Fl.	urs) ,	must be equal so as succeed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (F)		7.099	
Length of Test	Tubing Pressure	Casing Pressure		COM.	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	9	DIST. 3	
			_		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	ICF G	ravity of Condensate	
6960 AOF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Sh		hoke Size	
Back Pressure	1915 SI	1915 SI		3/4" pos choke ON COMMISSION	
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.		APPROVED	APPROVED MAY 8 1980		
		BY Oliginal Sign	BY Original Signed by FRANK T. CHAVEZ		
		TITLE SUPER	TITLE SUPERVISOR DISTRICT # 3  This form is to be filed in compliance with RULE 1104.		
Thomas A. Dugan (Sign	alue)	well, this form m	ust be accompanie le well in accordan	le for a newly drilled or deepend d by a tabulation of the deviation ce with RULE 111. be filled out completely for allow	

5-5-80

(Date)

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.