NO. OF COPIES RECEL ED	. (2
DISTRIBUTION	7
SANTA FE	1/
FILE	
U.S.G.S.	
LAND OFFICE	·
IRANSPORTER	
! 3 AS	·
OPERATOR	13
PRORATION OFFICE	} - '
Operator	
BEN	SON-M
Address	

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE /		CONSERVATION COMMISSION TOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1.
U.S.G.S.		AND	Effective I-1-65
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	_ GAS
) L /	- 		
TRANSPORTER - 3AS	· · · · · · · · · · · · · · · · · · ·		
OPERATOR 3			
I. PRORATION OFFICE			
Cherator 13.5MCO	I MANUTH ADDED ADTITA	ia conn	
Address	N-MONTIN-GREER DRILLIN	IG CORP.	
1.58 PI	TROLEUM CENTER BUILDI	NG. FARMINGTON. NEW	MEXICO
Reason(s) for filing (Creck prope	r box)	Other (Please explain)	
tiew Weli	Change in Transporter of:		
Recon, letter.	Cil 🗓 Dry	Gas Change in Or	
Charge in whership	Casinghead Gas Con	densate Change in We	ell Name and Number
If change of ownership give na	me n • •		
and address of previous ewner	pr. R. L. Bayless,	Box 1541, Farmingtor	1, New Mexico
II DESCRIPTION OF HELL A	ND LEACE		
II. DESCRIPTION OF WELL A		Name, Including Formation	Kind of Lease
JIC#RILLA	. 237	Puerto Chiquito	State, Federal or Fee Indian
Location	(K-29)	•	
Unit Letter K ;	330 Feet From The south I	ine and <u>1980</u> Feet Fro.	m Thewest
Line of Section 29	, Township 27N Range	1E , NMPM, F	Rio Arriba County
III DEGLES ACTION OF TRANSPORT			
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL (f Oil x or Condensate	Address (Give address to which and	proved copy of this form is to be sent)
Shell Oil C			
Name of Authorized Transporter o		Box 1588, Farming	roved copy of this form is to be sent)
None			serve of the fame to be sently
If well produces oil or iquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Wher.
give location of tanks.	K 29 27N 1E	No	
If this production is commingle	d with that from any other lease or poo	1 give commingling order number	
IV. COMPLETION DATA	with that from any other lease of poo		
Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty.
		1	
Date Spudded	Date Compl. Ready to Frod.	Total Depth	F.B.T.D.
Treal	News of Budget Barrier		
Figgi	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SITE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
V. TEST DATA AND FEQUEST		after recovery of total volume of load or depth or be for full 24 hours)	il and must be equal to or exceed top allow-
OIL WELL Date First New Cil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)
		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			AFT-INT
Actual Frod, During Test	Oil-Bbls.	Water-Bbls.	Gas - NCFK LLL
			JUL 1 4 1965
GAS WELL			
Actual Frod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity OIL GON. COM.
Testing Method (pitot, tack pr.)	Tubing Pressure		DIST. 3
residing institute (press, the press	rubing Fleasure	Casing Pressure	Choke Size
VI CERTIFICATE OF COMPLI	ANGE		
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED JIII 1 4 1965	5 , 19
Commission have been complied	ed with and that the information given	original Signed By	
above is true and complete to	the best of my knowledge and belief.		
		TITLE PETROLEUM EN	GINEER DIST NO 3
3 . B	$\mathcal{A} = \mathcal{A} = \mathcal{A}$		
11 kan	1-A Shee-1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	ignature)	well, this form must be accompanied by a tabulation of the deviation	
Tice	President	tests taken on the well in acco	ordance with RULE 111.
	All sections of this form must be filled out completely able on new and recompleted wells.		
July	12, 1965	- 18	, and VI only for changes of owner,
	(Date)		rter, or other such change of condition.

 $\,$ Fill out Sections I, II, III, and VI only 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.