NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO ON 6	CONSERVATION COMMISSION	Form C-104
SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-116
FILE /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	S
LAND OFFICE			
TRANSPORTER			
GAS			
OPERATOR			
I. PRORATION OFFICE			
Operator RENSON	-MONTIN-GREER DRILLI	NG CORP	
Addresss			
		ing, farmington, new m	IEXICO
Reason(s) for filing /Check proper b		Other (Please explain)	
Mew Well	Change in Transporter of:	Change in Oper	ator
Recom; lettor.	Cil X Dry G	Change in Well	Name and Number
Then, reding wheatship	Casinghead Gas Conde	ensate	
If change of ownership give name and address of previous owner_C	ppr. R. L. Bayless,	, Box 1541, Farmington	, New Mexico
II. DESCRIPTION OF WELL AND	D LEASE	ame, Including Formation	Kind of Lease
JICARILIA 23	37 [5]		State, Federal or Fee Ind Lan
Location	(A-29)		
Unit Letter A ; 6	60 Feet From The _north _Li	ne and 660 Feet From Th	e <u>east</u>
	27 N	170 D	Arriba County
Line of Section 29 , 1	Township Z/N Range	IB , NMPM, RIO	O APPIDA County
	THE OF OUR AND MARKIDAY O	A.C.	
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of	RTER OF OIL AND NATURAL G	AS Address (Give address to which approved	d copy of this form is to be sent)
Shell Oil C		Box 1588, Farmington	
	Casinghead Gas or Dry Gas	Address (Give address to which approve	
Name of Authorized Indusporter of None		Additional forms and a second property of the	.,,,
None	Unit Sec. Twp. Rge.	Is gas actually connected? Wher.	
If well produces oil or liquids,	K 29 27N 1E	No	
give location of tanks.		<u> </u>	
	with that from any other lease or pool	, give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	tion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Lool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	i		
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	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 an	ad must be equal to or exceed top allow-
OIL WELL	able for this c	lepth or be for full 24 hours)	
Frate Pirst New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift.	eic.)
		Contra Direction	Choice SCEPENAN
Length of Test	Tubing Pressure	Casing Pressure	Choke SPRIJIVIN
		Western District	Gas-MCF
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	
			JUL 1 4 1965
			OIL CON. COM.
GAS WELL			NET 3
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contensate
			Zhaha Siga
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		<u> </u>	
VI. 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.

Vice-President July 12, 1965

Original Signed By A. R. KENDRICK TITLE PETROLEUM ENGINEER DIST. NO. 3

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 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 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.