NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  / FILE  U.S.G.S.  LAND OFFICE	REQUEST	CONSERVATION COMMISSION TFOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
OPERATOR / PRORATION OFFICE  Cherator  S & B DRILLING	COMPANY		
Address		LATAN MEN MEN LOA	
Reason(s) for filing (Check proper better Well Hecompletion Change in Cwnership	Change ir. Transporter of: Oil Dry (	Other (Please explain)	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI	D LEASE	Jame, Including Formation	Kind of Lease
Lease Name  JICARILLA 287 Location		ERTO CHIQUITO	State, Federal or Fee FEDERAL
Unit Letter;;	Feet From TheL	1c 8	The ARRIBA
Line o: Section 21	Cownship 27N Range	, NMPM,	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL O	Address (Give address to which appro-	ued conv of this form is to be sent)
Name of Authorized Transporter of C			FARMINGTON, NEW MEX
Name of Authorized Transporter of C		Address (Give address to which appro-	ved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
give location of tanks.	with that from any other lease or poo	1, give commingling order number:	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Comple		less were analysis of the second	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	THE LOCAL CASING A	NO CEMENTING BECORD	
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLL 3123			
. TEST DATA AND REQUEST OIL WELL	able for this	e after recovery of total volume of load oil depth or be for full 24 hours)  Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas a	ofl'HVFN
Length of Test	Tubing Pressure	Casing Pressure	Chore   1065
Actual Prod. During Tes:	Cil-Bbls.	Water-Bbls.	GG-MCSEP 23 1965 OIL SON. COM.
			DIST. 3
GAS WELL	1. 06 T	Phile Condensate AMACE	Gravity of Condensate
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contaction

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure

-	<del></del>
	and I did to the
- 1	liker of H. Bromblette
/ /	Where H. Jointry
1	(Signature)

PARTNER

9/15/65

OIL CONSERVATION COMMISSION

Choke Size

APPROVED SEP 23 1965

Casing Pressure

Original Signed Ernery C. Arnold

Supervisor Dist. #3

TITLE \_\_ 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.