	1. J. or co., ec		i	4					
	DISTRIBUTION								
	ANTA FE	1							
	FILE	1	V						
	J.S.G.S.								
	LAND OFFICE								
I.	TRANSPORTER	OIL							
	IRANSFORIER	GAS	1						
	OPERATOR	1							
	PRORATION OF								
	Operator								
	LYNCO OIL CORPOR								
	Address								
	7890 E. Prentice								
	Reason(s) for filing (Check proper box)								
1	Na. 18-11								

	ANTA FE			NEW MEXICO OIL		CONSERVATION COMMISSION TOR ALLOWABLE AND		Form C-104		
	FILE	ILE / V			REQUES				Supersedes Old C-104 and C-1 Effective 1-1-65	
	J.S.G.S.			AUTHO	DRIZATION TO T	RANSPORT OIL	ΔΝΟ ΝΔΤΙ	IDAI 1		
	LAND OFFICE						ואו מאוו	JIVAL (	343	
	TRANSPORTER GAS	,								
	OPERATOR	· /	-						And the second second	
1	PRORATION OFFICE		-							
••	Operator						<del> </del>		<del>/</del>	<del></del>
	LYNCO OIL	COR	POR	ATION						1.72
	Address	1	•		7 7 7 7					
	Reason(s) for filing (Check p			Ave. En	glewood, Colo					
	New Well	roper	DOX)	Change in	Transporter of:	Other (	Please expla	in)		-
	Recompletion			Oil	Dry	Gas XX			74.5 ac	Server and the server
	Change in Ownership			Casinghea	i i	densate				
									<del></del>	
	If change of ownership give and address of previous ow		e							
	·									
II.	DESCRIPTION OF WELL	L AN	D LI		Pool Name, Including			<del></del>		
	Porkchop			1	Ballard, P		l l	of Lease		Lease No.
	Location				Darraru, P	<u> </u>	State	, r edera	or Fee Federal	SF07848
	Unit Letter E		1850	)	n The North	the and 790			West	
	Omr Detter	·		reet rion	n The	ine and	Fee	t From 7	The	
	Line of Section 29		Towns	ship 2	6N Range	7W ,	NMPM,	Rio	Arriba	County
										County
III.	DESIGNATION OF TRAN									
	Name of Authorized Transport	er of	O11 [	_] or Co	ndensate	Address (Give add	dress to whic	h approx	ed copy of this form is	to be sent)
	Name of Authorized Transport		C							
					or Dry Gas XX	i			ed copy of this form is	•
	El Paso Natural			Jnit Sec.	Twp. P.ge.	P. O. Box Is gas actually co			o, Texas 7997	78
	If well produces oil or liquids give location of tanks.	•	, 0	1	Twp, rage.		nnected?	Whe	n	
					<del></del>	No				
IV.	If this production is commin COMPLETION DATA	gled	with 1	that from any	other lease or pool	, give commingling	order numb	er:		
[					l Well Gas Well	New Well Work	over Dee	pen	Plug Back   Same Res	s'v. Diff. Res'v.
ľ	Designate Type of Co	mple		1	X	x	!			1
	Date Spudded		D	ate Compl. Re	ady to Prod.	Total Depth			P.B.T.D.	·
į	12-26-75			1-20		30	)65		3007	•
	Elevations (DF, RKB, RT, GR	, etc.			ing Formation	Top Oil/Gas Pay			Tubing Depth	
	6999 GR		P.	ictured (	Cliffs	29	24		2968	
	Perforations	20	\F.C.	C1 20C7	70				Depth Casing Shoe	
ŀ	2940-45; 2956-61; 2967-70 3063  TUBING, CASING, AND CEMENTING RECORD									
Ì	HOLE SIZE	-	7		& TUBING SIZE		TH SET		0.000.000	
ľ	12 1/2"		-+-	<del></del>	8 5/8"	<del></del>	.39		SACKS CEN	
	6 3/4"		+		4 1/2"		)64		200 sxs - ci 150 sxs	rculated
ĺ					/		704		130 383	
<b>V</b> .	TEST DATA AND REQUI	EST	FOR	ALLOWAB	LE (Test must be	after recovery of total	volume of la	oad oil a	nd must be equal to or e	xceed top allows
-	OIL WELL				able for this d	epth or be for full 24	hours)			
ļ	Date First New Oil Run To Ta	nks	Do	ate of Test		Producing Method (Flow, pump, gas lift, etc.)				
-	Length of Test			ubing Pressure						
	Faudtu of Last		1	npind Liesanie	,	Casing Pressure		İ	Choke Size	
-	Actual Prod. During Test		01	II - Bbis.		Water - Bbls.			Gas - MCF	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Water - Bota.		İ	Gds-MCF	
i_									<del></del>	
(	GAS WELL									
ſ	Actual Prod. Test-MCF/D	-	Le	ength of Test		Bbls. Condensate/	MMCF		Gravity of Condensate	<del></del>
1	827 MCF			3 hr	<b>*</b> \$	NONE				
	Testing Method (pitot, back pr.	,	Tu	3 hr	(Shut-in)	Casing Pressure (			Choke Size	
L	Back Pressure			415		635			3/4"	
VI. (	CERTIFICATE OF COMP	LIA	NCE			0	IL CONSE	ERVAT	TION COMMISSION	٧
							FEB 1	7 197		
	hereby certify that the rule					APPROVED_	160 1	1 13/1	<del></del> ,	19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					By Original Signed by A. P. Kendrick				
_		-		,	g convi					
	ORIGINAL SIGNED BY					TITLE SUPERVISOR DIST. #3				
	FILE TIMIGSLAND, JR				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) Vice President (Title) Feb. 12, 1976					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.				
_	160. 12, 19/0		ate)			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.				
				Senerate Forms C-104 must be filled for each pool in multiply						