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DISTRIBUTION			
SANTA FE		$I \angle$	
FILE			~
U.S.G.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS	[[<u> </u>
OPERATOR			
		T	

NOVEMBER 17, 1970

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65		
FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA			
OIL /					
TRANSPORTER GAS /					
OPERATOR /]				
PRORATION OFFICE					
ALAMO PETROLEUM COMP	ANY				
Address	DANK BUILDING DALLAS TE	XAS 75202			
	BANK BUILDING, DALLAS, TE	Other (Please explain)			
Reason(s) for filing (Check proper box) Change in Transporter of:	,			
New Well	Oil Dry Gas				
Recompletion Change in Ownership	Casinghead Gas Condens	sate 🗌			
		oral oral cool	UCC DOAD DALLAS TERAS		
If change of ownership give name and address of previous owner	GRUY MANAGEMENT SERVICE (COMPANY, 2501 CEDAR SPRII	NGS ROAD, DALLAS, TERAS		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.		
Lease Name	L BASIN DAKOTA	State, Federal	or Fee FED. 10305		
DAVIS FEDERAL			CONTIN		
L 7	790 Feet From The WEST Line	e andFeet From T	he SOUTH		
Unit Letter;					
Line of Section 24 To	wnship 26-N Range	II-W , NMPM, SAN JUA	Y County		
	The state of the s	5			
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)		
Name of Authorized Transporter of Or CARIBOU FOUR CORNERS (_	P 0 POX 54 WOODS CRO	SS. UTAH		
Name of Authorized Transporter of Co	rsinghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)		
EL PASO NATURAL GAS		P. O. Box 1492, EL PASO	, TEXAS 79999		
	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe			
If well produces oil or liquids, give location of tanks.	L 24 26-N 11-W	YES	May 2, 1963		
	ith that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.		
Designate Type of Complet		New Well Workston			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	But Compt 110 and				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations			Deptil Odaling Shot		
		D CEMENTING PECOPD			
		D CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allo		
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas li			
Date First New Oil Run To Tanks	Date of Test	producing Manios (1 000) pamps			
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	Inplud Liessma				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF		
Actual Float Burning			<u>'</u>		
GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Phile: Colidating (a) Million			
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Fleeswo (Binz 2-)				
	INCE	OIL CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIA	INCE	· II			
	nd regulations of the Oil Conservation	. ∥ APPROVED <u>NOV 1 9 197</u>	70 , 19, 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given to the best of my knowledge and belief.		Original Signed by	BY Original Signed by Emery C. Almoid		
above is true and complete to	the best of my knowledge and belief.				
ALADO DETROLEIM CO	MANV	TITLE SUPERVISOR DIST, #5			
ALAMO PETROLEUM COI	रा rsi¥ र -	This form is to be filed in compliance with RULE 1104.			
By: David K. Fagin (s	· 	If this is a request for allo	wable for a newly drilled or deepen		
By: David K. Fagin (s	ignature)	well, this form must be accomp	ordence with RULE 111.		
EXECUTIVE VICE PRE		All sections of this form to	sust be filled out completely for allo		

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.