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DISTRIBUTION			
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Operator			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	BEDFORD ,	INC.		
	_ ,	FARMINGTON NEW	mexico 87401	The Control
	Reason(s) for filing (Check proper box)		Other (Please explain)	Vall out to /
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry G	=	The same of the sa
1		Oddinghood Gas		
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of Leo	ise Lease No.
	Lease Name RAM		Fruit AHD Com Fode	
	Location			
	Unit Letter_H; 89	O Feet From The NORTH LI	ne and 790 Feet From	n The <u>FAST</u>
	Line of Section 8 Tov	vnship 26N Range	12 W , NMPM, SA	N JUAN County
		NED OF ON AND MATIRAL C	A.C.	
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
			Address (Cine address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas F	Box 1492 , El Pas	
	if well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	With in 90 days
	give location of tanks.			WITH THE TOURYS
	If this production is commingled win COMPLETION DATA			The second of the Post of the Second of the
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-8-75	1-17-76 Name of Producing Formation	1 Q 4 Top O!!/Gas Pay	qqo Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Fruit AND	910	902
	Perforations			Depth Casing Shoe
910-920 W/ 25PF TUBING, CASING, AND CEMENTING REC				1789
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	85/8"	7''	40'	75/
	614"	41/2"	1189'	1205x
		11/4"	902'	
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allow-
٠.	OIL WELL	able for this	depth or be for full 24 hours) Producing Method (Flow, pump, gas	· lift, etc.)
	Date First New Oil Run To Tanks	Date of Teat		
	Length of Test	Tubing Pressure	. Coming Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL		•	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	650 Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Pitot Tube	320 PSL	320 pai	
VI.	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		- 11	VATION COMMISSION
			APPROVED FER 19	
	C : base base complied	with and that the information give e best of my knowledge and belief	BY Original begins of a soldrick	
	The second of th		II	

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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 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.