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DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
SANTA FE		REQUEST FOR ALLOWABLE			
FILE /	——————————————————————————————————————	AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator			.:		
Pubco Petroleum Co	rporation				
P. O. Box 1419, All	buquerque, New Mexico 8710	Other (Please explain)			
New Well	Change in Transporter of:	1	om State 33		
Recompletion	Oil Dry C	Name changed from State 33			
Change in Ownership	Casinghead Gas Cond	densate			
If change of ownership give nam	e				
and address of previous owner_					
DESCRIPTION OF WELL AN	ND LEASE Lease No. Well No. Pool N	Name, Including Formation	Kind of Lease		
State Com A.I	33 Bas:	in Dakota	State, Federal or Fee State		
Location					
Unit Letter N ;	1190 Feet From The S L	ine and 1650 Feet From	n The W		
		9W , NMPM, San	Juan County		
Line of Section 32	Township 27N Range	yw , NMPM, Sail	Juan		
DESIGNATION OF TRANSPORTER OF	ORTER OF OIL AND NATURAL O	Address (Give address to which app	roved copy of this form is to be sent)		
D1 - 1 T		P. O. Box 108, Farmi	ngton New Mexico		
Plateau Inc. Name or Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	ngton, New Mexico raved copy of this form is to be sent)		
El Paso Natural Ga	s Company	P. O. Box 1492, El E			
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When		
give location of tanks.	N 32 27N 9W	Yes			
If this production is commingled	i with that from any other lease or poo	ol, give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv		
Designate Type of Compl	etion – (X)	1			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, et	c.; Name of Producing Formation	Top Oil/Gds Pdy	Tubing Depth		
Perforations			Depth Casing Shoe		
Periorations					
	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must b	e after recovery of total volume of load	oil and must be equal to or exceed top allo		
OIL WELL	able for this	depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)		
	I				
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Gas -MF		
			FPEILA		
Length of Test			Gan -MEFECEIVED		
Length of Test Actual Prod. During Test GAS WELL	Oil-Bhls.	Water-Bbls.	DEC 2 1965		
Length of Test Actual Prod. During Test			Gan -MEFECEIVED		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. Length of Test	Water-Bbls. Bbls. Condensate/MMCF	DEC 2 1965		
Length of Test Actual Prod. During Test GAS WELL	Oil-Bhls.	Water-Bbls.	Gas -MFFECEIVED DF1 2 1965 Gravity of Condensate COM.		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Oil-Bbls. Length of Test Tubing Pressure	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure	Gas -MFFCC 1965 Gravity of Condensate CCM. Choke Size		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. Length of Test Tubing Pressure	Bbls. Condensate/MMCF Casing Pressure OIL CONSER	Gas -MFFECEIVED DEC 2 1965 Gravity of Condensate COM.		

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature) Area Production Manager

(Title)

November 29, 1965

(Date)

N

APPROVED DEC 2 1965 Original Signed By		19	
PETROLEUM ENGINEER	DIST.	NO. 3	
TITLE PETROLLOW ENGLISHED			

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.