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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: **La Plata Gathering System, Inc.**

Address: **P. O. Box 717 - Farmington, New Mexico**

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well: ___ Change in Transporter of: ___
Recompletion: ___ Oil: ___ Dry Gas: X
Change in Ownership: ___ Casinghead Gas: ___ Condensate: ___

If change of ownership give name and address of previous owner: ___

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
~~Huerfanito~~ Fairfield	79	Basin Dakota	State, Federal or Fee: Fed.

Unit Letter: H; Feet From The: ___ Line and ___ Feet From The: ___

Section	Township	Range	NMPM,	County
26	27-N	9-W		San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate X	Address (Give address to which approved copy of this form is to be sent)
Transwestern Tankers, Inc.	Box 2077 - Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ___ or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 990 - Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	26	27N	9W	No	Awaiting pipe line connection

If this production is commingled with that from any other lease or pool, give commingling order number: ___

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing 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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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MAR 11 1965
OIL CON. COM.
DIST. 3

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

C. Beeson Neal, Agent in Farmington
(Title)

March 9, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 1 1965, 19___

BY Original Signed by A. L. Porter, Jr.

TITLE Supervisor Dist. # 3

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.