ſ	HO. OF COPIES RECE	5					
	DISTRIBUTIO	ON					
	SANTA FE		1				
ſ	FILE						
Γ	U.S.G.S.						
Γ	LAND OFFICE						
	TRANSPORTER	OIL	1		ĺ		
		GAS	1				
	OPERATOR						
1.	PRORATION OFFICE			<u> </u>	L		
	Operator						
	William C. R						
Γ	Address						
Ì	1775 Broadway						
ſ	Reason(s) for filing (Check proper box)						
1	New Well						
-	Recompletion 35						
L	Change in Ownership						

	DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 GAS				
1.	TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator		· · · · · · · · · · · · · · · · · · ·					
	William C. Russell							
	1775 Broadw	ay New York, N	ew York 10019					
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	²⁸ 11-21-67	first completed				
	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							
Unit Letter K; 1650 Feet From The South Line and 1650 Feet From The West								
	Line of Section 23 To	wnship 27 North Range 8	West , NMPM, San J	uan County				
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)				
	Inland Corp.		Farmington, N.					
	Name of Authorized Transporter of Ca		Address (Give address to which appro					
	El Paso Natural If well produces oil or liquids, give location of tanks.	Gas Company Unit Sec. Twp. Pge. K 23 27N 8W	Farmington, N. Is gas actually connected? Yes	M. nen 1967				
	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:					
	Designate Type of Completi-	1 1 4.	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.				
	1951 Elevations (DF, RKB, RT, GR, etc.)	Workover 9-18-74 Name of Producing Formation	4630 Top Oil/Gas Pay	4566 Tubing Depth				
	5945 RKB	Mesa Verde	3770	Depth Casing Shoe				
	1	, 4402-4566	4630					
		TUBING, CASING, AND	D CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEFINGET	JACKS CEMENT				
			1500	7.50				
	6¼" Tubing	4½"	4630 4410	150				
v.		OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
• •	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 lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls	Gas-MCF				
			1 20 1915					
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	230 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-in)	Casing Pressure (Shut-In)	Choke Size				
	back pr.	504	504	3/4"				
VI.	CERTIFICATE OF COMPLIAN			ATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED					
	Commission have been complied t	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	Original Signed by A. R. Kendrick SUPERVISOR DIST. #3 TITLE This form is to be filed in compliance with RULE 1104.					
	M M. A	\int \int						
,	Million C	5 Curself	to allowable for a newly drilled or deepened					
(Operator Operator	atwe)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
(Title) November 17, 1975 (Date)			able 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.					
	(D)	w.u./	Separate Forms C-104 must be filed for each pool in multiply					