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Ī	SANTA FE		1	
	FILE U.S.G.S.			
ļ				
	LAND OFFICE			
- [TRANSPORTER	OIL	L_	
		GAS	1	
	OPERATOR		4	
1.	PRORATION OFFICE			

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		
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	6AS	
LAND OFFICE				
TRANSPORTER OIL				
GAS /				
OPERATOR L	1			
PRORATION OFFICE	1			
Operator	<u> </u>			
WILLIAM C.	DWGGELT.			
Address		. 10010		
1775 Broadwe	y, Hew York, Hew Yor	k, 10019		
Reason(s) for filing (Check proper box,) _	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	: 💹 Change in Ope:	rator	
Change in Ownership	Casinghead Gas Condens	sate		
			·	
If change of ownership give name	We observe in comers	- former operator	R & G DRILLING COMPAI	
and address of previous owner	TIEC 1775 Broadway	, New York, M. Y. 1	0019	
		, 200 0000, 200 00 0		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
Lease Name			or Fee Federal /YNI.034:0	
Marron	39 South Blanco	acliffs	1771 342	
Location			_	
Unit Letter K ; 159 0	Feet From The Line	e and 1805 Feet From '	The	
O.M. Lotter				
Line of Section 23 Too	wnship 27 % Range 8	, NMPM, San	Juan County	
Gine of Section 10				
TO THE PART OF THE PROPERTY.	TED OF OIL AND NATURAL CAS	c		
II. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or condensate	-		
No liquida		Address (Give address to which appro	ned conv of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 📜	Address (Give adaress to which appro	ved copy by this form is to be com,	
El Paso Matural Gas	company Inc.		exa.	
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh		
If well produces oil or liquids, give location of tanks.		Yes	1957	
			— — — — — — — — — ·	
If this production is commingled wi	th that from any other lease or pool,	give comminging order number.		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Deptin		
			Tubica Doub	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
		<u> </u>		
Perforations			Depth Casing Shoe	
Fortorations				
	TURING CASING AND	CEMENTING RECORD		
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEFT IN SET		
			_	
	OD ATTOWARTS (Tank mine)	fter recovery of total volume of load oil	and have the grant to one coud top allow	
V. TEST DATA AND REQUEST F	OK ALLOWABLE. (1 est must be a able for this de	epth or be for full 24 hours)	MEDELLER	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	is, etc.)	
Date First New Oil Run To Tanks	Date of 1ear		MAY 1 7 1967	
		Control Presentation	Chane Steam and	
Length of Test	Tubing Pressure	Casing Pressure	(M. COM. /	
			DIST. 3	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GR -MCF	
GAS WELL	1 1 1 1	Bbis, Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Date, Condendated Miniot		
		42.44	Chaha Sina	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	NCE	OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	NCE			
		APPROVED	7 1967	
I hereby certify that the rules and	regulations of the Oil Conservation		Figure C Arnold	
n land	with and that the information given he best of my knowledge and belief.	By Original Signed by Emery C. Arnold		
above is true and complete to the	ne near or mit who wreater and persen-		NOT WI	
		TITLE SUPERVISOR	(Did as 1 1 1	
$M \sim 0$	$\sim 1 - \Lambda/1$	II .		

Millian	00	Persell
1.1.1.	(Signature)	/

WILLIAM C.

(Title)

May 1, 1967 (Date)

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.