ſ	NO. OF COPIES RECEIVED   6						
	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION						
	SANTA FE		FOR ALLOWABLE	SION	Form C-104 Supersedes Old	C-104 and C-1	
- 1	FILE /	AND Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	· · · · · ·	ATUDAL CAS			
i	LAND OFFICE	AOTHORIZATION TO TRA	NOTOR FOIL AND N	ATURAL GAS			
	TRANSPORTER OIL /						
	OPERATOR /						
1.	PRORATION OFFICE						
<b>1</b> .	Operator						
	Clinton Oil <sup>C</sup> ompany Address						
	Box 2434						
	Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion Oil Dry Gas						
	Change in Ownership Casinghead Gas Condensate K						
						<del></del>	
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	LEASE.   Well No.   Pool Name, Includin; Fo	ermation	Kind of Lease		SF	
				State, Federal or F	ee	078019	
	E. H. Pipkin	11 Basin Dakot	a		Federal	1076019	
	Unit Letter M : 1110   Feet From The   South   Line and   880   Feet From The   West						
	Line of Section 12 Tow	mship 27N Range 1	1W , NMPM,	San Juan		County	
II.	DESIGNATION OF TRANSPORT		S Address (Cine address to	which approved co	any of this form is to	he sent)	
		Address (Give address to which approved copy of this form is to be sent)					
	Giant Refining, Inc. Name of Authorized Transporter of Cas	Farmington NM 87401  Address (Give address to which approved copy of this form is to be sent)					
			Address (Other address to	william approved to	, , , , , , , , , , , , , , , , , , ,		
	Southern Union Gathering Co. Unit Sec. Twp. Rge. Is gas actually connected? When						
	If well produces oil or liquids,						
			Yes		9-61		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:			
V.	COMPLETION DATA  Cil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'						
	Designate Type of Completio		1	1			
		Date Compl. Ready to Prod.	Total Depth	P.F	3.T.D.		
	Date Spudded	Date Compi. Reday to Prod.	Total Deptil				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil,'Gas Pay	Tul	oing Depth		
				Da	pth Casing Shoe		
	Perforations		Dei	pth Casing Shoe			
	PUBLIC CLANS AND CRUENTING PROPER						
		TUBING, CASING, AND	T		24242.0514		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u> </u>	SACKS CEM	ENT	
			ļ				
		<u> </u>	L				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volum pth or be for full 24 hours,	ne of load oil and m	nust be equal to or e	xceed top allo	
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run 10 I date	Date of 1881		, , , , , , , , , , , , , , , , , , ,			
		Tubba Bassana	Casing Pressure	Ch	oke Size		
	Length of Test	Tubing Pressure	Cusing Pressure	J 5	, , , , , , , , , , , , , , , , , , ,		
			W Dhi-	Ga	s-MCF	<del> </del>	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ga	- MC	•	
	COST. 3						
	GAS WELL	It are the of Tarri	Bbls. Condensate/MMCF	· · · · · · · · · · · · · · · · · · ·	avity of Condensate	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	
	Actual Prod. Test-MCF/D	Length of Test	Sara. Colleguate/ MMCF	3	,		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Ch	oke Size		
	Locating married (price) back proj						
	GERGINATE OF COMPLIAN		OIL CONSERVATION COMMISSION		N		

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.

Duane L. Kihle, District Production Clerk

(Title)

12-10-74 (Date)

APPROVED	OEC 1 % 1974
By Original Signed	DEC 1 % 12/4
TITLE	SUPERVISOR DIST. 👯

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip completed wells.