| Date Spudded Elevations (DF, RKB, RT, | GR, etc.) | | mpl. Ready Producing | | | Total Dept | | | Tubing Dep | | |
|--|---|-----------------------------|-------------------------|-----------|-----------------|--|------------------------|-----------------|----------------|---|--|
| Date Spudded | GR, etc.) | | | | | | | - | - | th | |
| | | Date Co. | mpl. Ready | to Prod | • | Total Dep | h | | | | |
| Designate Type of | | Data Cor | | | | | | | P.B.T.D. | | |
| Designate Type of | Completi | on - (X) | Oil We | 11 ; | Gas Well | New Well | Workover | Deepen | ! ! | | |
| If this production is community. COMPLETION DATA | ningled wi | ith that fro | | | | | | | Plug Back | Same Resty. Diff. Rest | |
| give location of tanks. | | ļ | <u> </u> | ! | | | es | <u>\</u> | 10-4 | 1 - 50 | |
| If well produces oil or liqu | | Unit | | Twp. | Rge. | i | | ed? Wh | | 1 50 | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Southern Union Gas Co. | | | | | | Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg. 1507 Pacific Ave., Dallas, Texas Is gas actually connected? When | | | | | |
| Name of Authorized Transn | orter of Ca | singhead G | as [· | or Dry G | as V | Address (C | ive address | to which appro | ved copy of th | is form is to be sent) | |
| Name of Authorized Transp | ANSPOR | TER OF | or Conden | NATU | URAL GA | Address (6 | ive address | to which appro | ved copy of th | is form is to be sent) | |
| Line of Section 12 | То | wnship | 27N | | Range | 12W | , NMPM | , San | Juan | County | |
| ; = | , 198 | 0Fee | t From Thε | Sou | | ne and 6 | 60 | Feet From ^ | | | |
| Hancock | S | F 0791 | 16 | _1_ | Wes | t Kutz | P.C. | | State, Feder | ral or Fee Federal | |
| . DESCRIPTION OF WED | LEASE Lea | Lease No. Well No. Pool Nac | | | me, Including | no, morality is a second | | | se | | |
| and address of previous o | wilei | Denver | | | 802 | | | | | | |
| If change of ownership given | ve name | Intonn | ation= | 1 Oi | 1 E Ga | s Carro | ration | 825 Pet | roleum (| Club Building, | |
| Recompletion Change in Ownership X | | Oil Casi | nghead Gas | s 🔲 | Dry Go Conde | | | | | | |
| New Wel. | p. 0 p. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | nge in Trans | sporter o | | | . , | • , | | | |
| 825 Petro | | | uildin | g, De | enver, | | do 80 Other (Please | 202 explain) | | | |
| Depco Inc | <u>.</u> | | | | | | | | | | |
| Operator | . l | J | | | · | | | | | | |
| OPERATOR PROBATION OFFICE | 2 | - | | | | | | | | | |
| TRANSPORTER GAS | 1 | | | | | | | | | | |
| LAND OFFICE | | - | | | | | | | | | |
| U.S.G.S. | | AU' | THORIZ | ATION | TO TRA | | OIL AND N | NATURAL G | SAS | | |
| SANTA FE | 11 2 | REQUEST FOR AND | | | | | | | | Supersedes Old C-104 and C- Effective 1-1-65 | |
| | 5 | 1 | | | | | NSERVATION COMMISSION | | | C-104 | |
| DISTRIBUTION | | | | | | | | | | | |

Oll. WELL
Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test

Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil-Bbls. 1966 OIL CON. COM. Gravity of Conden GAS WELL Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.)

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.

Dist. Pro

OIL CONSERVATION COMMISSION

JUN 6 1966 APPROVED_

Original Signed by Emery C. Arnold-

SUPERVISOR DIST. #3 TITLE _

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.