DISTRIBUTION 7 SANTA FE	NEW MEXICO OIL CONSEI REQUEST FOR		Form C-104 Supersedes Old C-104 and C-11
U.S.G.S.	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
IRANSPORTER OIL 1 OPERATOR GAS 1			
PRORATION OFFICE			
Cyerotor  Poundiand Coyala  Address			
P. O. Drawer 570, Farm Reasons) for filing (Check proper box)	ington, New Mexico 87401	Other (Piease explain)	
New Well	Change in Transporter of:		
Recompletion	Oi! Dry Gas		
Change in Ownership	Casinghead Gas Condensate		ng ang manga
If change give name A and address of previous owner A  I. DESCRIPTION OF WELL AND I	Well Mo. Pool Name, Including Formatio	D. Drawer 570, Farmin	ngton, New Maxico 37401
Hanks	#16 Fulcher Kutz Pict	ured Cliffs State, Federal	or Fee Federal SF-07787
Location	) Feet From The South Line and		
Line of Bectuan 6 Tow	makip 27 North Range 9 Wes	t , NMPM,	San Juan County
I. DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil  Plateau  Clane of Authorized Transporter of Cos	cr ConcensateAddress	ess (Gue acdiess to which approv	ed copy of this form is to be sent; ed copy of this form is to be sent;
Southern Union Gatheri		delity Union Tower, I	
	Unit Sec. Twp. Fige. in go	s derually connected? When	

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

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Cil-Bais.

Tubing Pressure

Length of Test

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)

(Title)

(Date)

Tubing Fressure (Shut-in)

CASING & TUBING SIZE

V. COMPLETION DATA

Perforations

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

1-1-73

Elevations (DF, REB, RT, GR, etc.,

HOLE SIZE

Date First New Oil Run To Tanks

Designate Type of Completion = (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Same Restv. Diff. Restv

Choke Size Cosing Pressure Gga - MCF Water-Bbis. Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED\_ By Original Signed by 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.

Deepen

(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)

Producing Method (Flow, pump, gas lift, etc.)

Workover

DEPTH SET

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oll/Gas Pay

Plug Back

P.B.T.D.

Tubing Depth

Depth Casing Shoe

SACKS CEMENT