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DISTRIBUTION			_
SANTA FE	1		
FILE	3		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	3	
OPERATOR		,	
PROPATION OF		-	

TRIBUTION FE		-			
		-	NEW MEYICO OIL CONSERVATION COMMENT	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
		,			NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND
FFICE		-	-	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
PORTER	OIL				
	GAS	3			
TOR		,			
TION OFF	ICE				

FILE 3	REQUES	FOR ALLOWABLE	Effective 1-1-65			
U.S.G.S.	ALITHODITATION TO T	AND				
LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS			
OIL						
GAS !						
OPERATOR						
PROBATION OFFICE						
Cperator						
International Oil & Gas Corporation						
Address	Club Budlding Dans	0.2				
i	Club Building, Denver,	Colorado 80202				
Reason(s) for filing (Check proper	box)	Other (Please explain)				
New Well	Change in Transporter of:		_			
Recompletion	Oil Dry	Gas NMOCC Memo 2-6	5			
Change in Ownership	Casinghead Gas Cond	ensate				
If change of ownership give nam	e					
and address of previous owner_						
II DESCRIPTION OF WELL AN	ID I FLAGR					
II. DESCRIPTION OF WELL AN		Jame, Including Formation	Kind of Lease			
Hancock		: Kutz Pictured Cliffs	State, Federal or Fee Federal			
ceation	(31 073110)		State, reactal trives in Catalan			
Unit Letter G ;	1575 Feet From The North L	ine and 1650 Feet From	Pact			
Unit Letter;	13/3 Feet From The WOLCH	Ine andFeet From	The East			
Line of Section 3	Township 27N Range	12W , NMPM, San	Juan County			
		TEW PARKET DATE	county			
II. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS				
Name of Authorized Transporter of		Address (Give address to which appro	oved copy of this form is to be sent)			
<u> </u>						
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 💢	Address (Give address to which appropriate Fidelity Union Towe	oved copy of this form is to be sent)			
Southern Unior	Gas Company	1507 Pacific Avenue	er Bullding - Dallas Tovas			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	nen			
give location of tanks.	1 1 1	yes	7-18-52			
If this production is commingled	with that from any other lease or pool	. give commingling order number:				
V. COMPLETION DATA						
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	XX	1	1 1			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
4-26-52	5-17-52	1626'	1626†			
Elevations (DF, RKB, RT, GR, etc		Top Oil/Gas Pay	Tubing Depth			
5905 Gr	Pictured Cliffs	1565 *	1611'			
Perforations			Depth Casing Shoe			
Open Hole 15	54 - 1626 *		1554			
		ID CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
13-3/4"	10-3/4"	92 1	60			
8-3/4"	7!!	1554 '	100			
	7 11	7.027				
		1611'	<u> </u>			
V. TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top allow-			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Sta			
			/QHAIVED\			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gqs - MCF			
		·	NOV 1 1965			
GAS WELL			OIL CON. COM.			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Colife Tate 3			
3450	3 hr					
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
В. Р.	no record	no record				
I. CERTIFICATE OF COMPLIA			ATION COMMISSION			
						
I hereby certify that the rules an	d regulations of the Oil Conservation	m Crisinal Signed Emery C. Arnold				
Commission have been complied	I with and that the information given					
above is true and complete to	the best of my knowledge and belief.					
		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.				
own X	·()					
	enature)					
,	, District Engineer					
	Title)	All sections of this form must be filled out completely for allow-				
October 28, 19	•	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,				
	(Date)	well name or number, or transpor	I, III, and VI for changes of owner, ter, or other such change of condition.			
(/	11				

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