Operator

1/11/67

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DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISSION	Form C-104
NTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
LE I	/	AND	New Control of the Co
.s.g.s.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	S A Company
AND OFFICE	70,1101112,111011		11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OIL I			
RANSPORTER GAS			
PERATOR			1 367
RORATION OFFICE			- M CON -
perator			COM,
Thomas A. Dugar	1		
14			
	ngton, N. M. 87401	Other (Please explain)	
eason(s) for filing (Check proper box)	Change in Transporter of:		
ew Well		TX:	•
ecompletion		₩ I	
hange in Ownership	Casinghead Gas Condens	are sa	
change of ownership give name			
d address of previous owner			_
ESCRIPTION OF WELL AND	Well No. Pool Name	e, Including Formation	Kind of Lease#14-20-603-217
ease Name	Well Hot I con I	sin - Dakota	State, Federal or Fee Navajo
Raven	1 Bas	otu - pakoka	
ocation		and 660 Feet From T	he West
Unit Letter D ; 66	O Feet From The North Line	and 660 Feet From T	110
,	waship 27 North Range 1/	4 West NMPM, San	Juan Count
Line of Section 6 , Too	wnship 2/ NOTCH Hange 12	\$ 1100 V	·
	on our and married at GAS	2	
ESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil	or condensate and	Box 1528, Farmington.	N. M. 87401
Inland Corp.	singhead Gas or Dry Gas X	Box 1528, Farmington, Address (Give address to which approx	ed copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas Or Dry Gas	Box 234, Farmington,	N. M. 87401
Thomas A. Dugan		Is gas actually connected? Whe	en .
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	12/31/66
give location of tanks.	D 6 27N 14W	Yes	14 J4 00
· · · · · · · · · · · · · · · · · · ·	ith that from any other lease or pool,	give commingling order number:	
this production is commingled with			Plug Back Same Res'v. Diff. Re
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	1 rug Duoin
	(37)	1 1	
Designate Type of Completi	on – (X)	1 1	DRTD
Designate Type of Completi	on - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	on – (X)	1 1	
Designate Type of Completi	on — (X) Date Compl. Ready to Prod.	1 1	P.B.T.D. Tubing Depth
Designate Type of Completi	on – (X)	Total Depth	Tubing Depth
Designate Type of Completi	on — (X) Date Compl. Ready to Prod.	Total Depth	
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Designate Type of Completi	On - (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	Tubing Depth
Designate Type of Completi Date Spudded Pool Perforations	on — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI	Total Depth	Tubing Depth
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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 Sections I, II, III, and VI only 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.