			1
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DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE	AUTUODITATION TO TO	AND	ε
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	5
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR 3			
PROPATION OFFICE			
C; erator			
Souphland Ravali	ty Company		
Aluress		-	
P. O. Drawer 570, Farm	ington, New Mexico 8740		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Ga		
Recompletion	Casinghead Gas Conder	一	19.0
Change in Ownership //	033.1,11212		
If change end address of previous owner	ztec Oil & Gas Company,	P. O. Drawer 570, Farming	gton, New Messico 8714 L
DESCRIPTION OF WELL AND I	LEASE	ormation Kind of Lease	lers in
Lense Name	Well No. Pool Mame, increasing r	Name of Lease	
Hanks	#21 South Blanco	Pictured Cliffs State, Federal a	redefat 5r-U 5
Location	37 1	1050	Fact
Unit Letter B : 790	J Feet From The North Lin	e and 1850 Feet From The	<u>East</u>
	mship 27 North Range	9 West , NMPM,	San Juan County
DESIGNATION OF TRANSPORT	FER OF OUL AND NATURAL GA	as .	
Name of Authorized Transporter of Off	or Conder,sate	Address (Give address to which approved	copy of this form is to be sent)
· Do F			
Name of Authorized Transporter of Cas	ingheid Cas 🗀 - ci Dry Gus 🋣	Address (Give address to which approved	
Southern Union Gatheri	ing	Fidelity Union Tower, D	allas, Texas 75201
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
give logation of tanks.	;		
That is an advertise is commingled wit	th that from any other lease or pool,	give commingling order number:	
If this production is comming to			
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
COMPLETION DATA	Cil Well Gas Well		Plug Back Same Resty, Diff. Resty.
Designate Type of Completic	on - (X) Cil Well Gas Well	New Well Workove: Deepen	Plug Back Same Resty. Diff. Resty.
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	1
Designate Type of Completic Dese Spudged	On - (X) Gas Well	New Well Workover Deepen Total Depth	1
Designate Type of Completic	on - (X) Cil Well Gas Well	New Well Workove: Deepen Total Depth Top Otl/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completic Dese Spudged	On - (X) Gas Well	New Well Workove: Deepen Total Depth Top Otl/Gas Pay	P.B.T.D.
Designate Type of Completic Date Spudged Elevations 'DF, RKB, RT, GR, etc.,	On + (X) Gas Well Gas Well On + (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
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Designate Type of Completic Date Spudged Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Off/Gas Pay D CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Designate Type of Completic Date Spudged Elevations 'DF, RAB, RT, GR, etc., Ferforations HOLE SIZE TEST DATA AND REQUEST F	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE OR ALLOWARIE (Test must be	New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET Difter recovery of total volume of load oil arepth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top allow.
Designate Type of Completic Date Spudged Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOR WELL	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE OR ALLOWARIE (Test must be	New Well Workover Deepen Total Depth Top Off/Gas Pay D CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top allow.
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Designate Type of Completic Date Spudged Elevations (DF, RKB, RT, GR, etc.) Ferferations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Bun To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MOF/D Testing Method (pitot, back pr.)	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this did not be able f	Total Depth Total Depth Total Depth Top Oil/Gas Pay DEPTH SET DEPTH SET Differ recovery of total volume of load oil arepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT Admust be equal to or exceed top allowers. etc.) Choke Size Gravity of Condensate Choka Size
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(Signatural)

(Title)

(Date)

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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 despended 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.