۲	NO. OF COPIES RECEIVED				
ŀ	DISTRIBUTION	ION			
	SANTA FE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	FILE / _				
-	U.S.G.S.				
ŀ	LAND OFFICE	TOIL 7			
	OPERATOR GAS /				
	PROPATION OFFICE				
•	Operator JAN 10 1960				
•	R1 Paso Natural Cas Company OIL COM. COM.				
ļ	Box 990, Farmington, New Mexico - 87401				
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry Go	ıs .		
	Change in Ownership	Casinghead Gas Conder	nsate 🔲		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	Lodevick	11 Basin Dakota	State, Federa	; =	
	Unit Letter 0 1180	Feet From The South Lir	ne and Feet From 1	rho Reat	
	Line of Section 30 Tov	vnship 27N Range	GU , NMPM, San	han County	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)				
			Box 990. Farmington.	New Mexico - 87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 990 Farmington New Nextco - 7401 Address (Give address to which approved copy of this form is to be sent)		
,	El Paso Natural Gas		Box 990, Farmington, Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected.		
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil We'l Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic		X	, lag Back Same these to provide the	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-24-68	12-31-68	68401	6830'	
	Elevations (DF, RKB, RT, GR. etc.)	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth	
	6371' CL. Perforations	Dakota	6578'	Depth Casing Shoe	
	6578-88, 6670-0, 6696-6701, 6733-38, 6798-6803'				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	2021	190 Sks.	
	7 7/8"	4 1/2" 2 3/8"	68401 XXXX	615 Sks.	
		l			
V.	TEST DATA AND REQUEST FOR ALLOWABLE. (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)				
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	lubing Pressure	Cdamy Fressme	0.000	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL	I ength of Toot	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test 3 Hours	50 Fb1s.	N O ART	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calculated A.C.F.	1581	1896	3/4"	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			JAN 1 6 1969		
	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.		AT NOVES		
			18		
				TITLESUPERVISOR DIST. #3	
	Origi	nal signed by	This form is to be filed in compliance with RULE 1104.		
	Carl E. Matthews		If this is a request for allo	wable for a newly drilled or deepened anied by a tabulation of the deviation	
	(Sign	nature)	well, this form must be accompanied tests taken on the well in accompanied to the second seco	ordance with RULE 111.	

Petroleum Engineer

January 8, 1969

(Title)

(Date)

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.