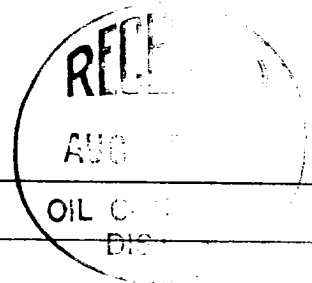


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LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	2
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseries Old O-104 and O-110
Effective 1-1-55



Inter Oil & Gas Company

Division 520, Farmington, New Mexico

(Indicate for which (all) oil proper law)

Other (Please explain)

New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hank's	22	Flathead Cliffs	State, Federal or Fee	37-977874
Location				
Unit Letter	H	1760 Feet From The North	Line and 650	Feet From The East
Line of Section	7	Township 27N	Range 34	N.M.P.M., San Juan
				County

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Flathead Union Gas		Fidelity Union Tower, Dallas, Texas
Is gas actually connected?	When	
		12

If deviation is complained with that from any other lease or pool, give commingling order number

Designate Type of Completion - (X)	Drill Hole	Flow Hole	New Well	Recompletion	Deepen	Plug Back	Scale Hole
2-1-66	7-18-66		2505			2594	
Flow Hole (H, G, B, etc.)	Name of Producing Formation	Top Oil, Gas Pay				2420	
2522-66	Flathead Cliffs	2400				2591	
2400-2520, 4 SPB							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-1/4"	8-5/8"	1100'	60-cu
8-7/8"	4-1/2"	2500'	250-cu
	1"	2400'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Test First New Oil Run To Tanks	Date of Test	Production (in bbl, cu, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Weight First Empty Tank	Oil-Test	Water-Test	Gas-WDF

CASING	Length of Test	Choke, Condensate, WDF	Gravity of Condensate
2500	7 days		
Weight Second (after back pt.)	Testing Pressure (in lb/sq in)	Casing Pressure (in lb/sq in)	Choke Size
Back Pressure	240	240	3/4"

CERTIFICATION OF COMPLIANCE

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.

J. E. Arnold
(Signature)
District Superintendent
(Title)
August 1, 1969
(Date)

OIL CONSERVATION COMMISSION

AUG 8 1969

APPROVED
Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

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 1111.
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 change of owner, well name or number, or transportation to other such of condition.