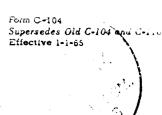
\$151 MID 0716	- AC	5	T
SANTA FE		1	
FILE			-
U.S.G.S.			Ξ_
LAND OFFICE			
TRANSPORTER	OIL	\mathcal{I}	
	GAS	1	
OPERATOR			
PROBATION OF	ICE	7	

NEW MEXICO OIL CONSERVATION COMMISSION



34014 -	REQUEST	FOR ALLOWABLE		Effective 1-1-65		
FILE		AND				
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	IATURAL GAS	· · · /		
LAND OFFICE				•ુર્જાન		
TRANSPORTER OIL						
GAS /		•		3/		
OPERATOR						
PROBATION OFFICE			·			
Operator						
	WILLIAM C. RUSSELL	· · · · · · · · · · · · · · · · · · ·				
Aggress						
1775 Broa	dway New York,	N. Y. 10019				
neuson(s) for filing (Check proper b	ox)	Other (Please	explain)			
New Well	Change in Transporter of:	Devia	ation from ve	erticle		
Recompletion	Oil Dry Ga	s less	than one (1) degree		
Chunge in Ownership	Casinghead Gas Conder		· · · · · · · · · · · · · · · · · · ·	, 405100		
If change of ownership give name and address of previous owner	•					
and address of previous owner						
DESCRIPTION OF WELL AN	D LEASE					
Lease Name	Weil No. Pool Name, Including F	ormation	Kind of Lease	Lease No.		
Hammond	55 Blanco Mesa	Verde	State, Federal or FeeF	'ed NM-03603-A		
Location				1		
	OOO Nowth	/523 ne and 1525	Fa	C 7		
Unit LetterB;	990 Feet From The North Lin	ne and	_ Feet From The $ar{ extbf{Ea}}$	50		
0.5		7 ***	C	G		
Line of Section 26	Township 27 N Range {	BW, NMPM,	. San Juan	County		
	RTER OF OIL AND NATURAL GA	Asidenas (Cina address t	o which approved copy	of this form is to be sent)		
Name of Authorized Transporter of	OII or Condensate X) this form is to be sent)		
Inland		Farmington				
Name of Authorized Transporter of	Casinghead Gas 🗀 or Dry Gas 💢	Address (Give address to	o which approved copy of	of this form is to be sent)		
El Paso Natu	ral Gas Co	El Paso,				
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connecte	ed? When			
give location of tanks.	B 26 27N 8W	Nо				
Year in a section is a committee of	with that from any other lease or pool,	give commingling order	number:			
COMPLETION DATA	with that from any other rease or poor,	Bive comminging order				
	Oll Well Gas Well	New Well Workover	Deepen Plug Bo	ack Same Res'v. Diff. Res'v		
Designate Type of Comple	$tion = (X) \qquad XX$	XX	1	,		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.1	D.		
,	9-15-74	4650	į	4508		
6-19-74 Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing			
			i	•		
5952 GR	Mesa Verde	4400		A10 Casing Shoe		
Perforations				•		
4400-34, 4462-7	8, 4502-4508			580		
		CEMENTING RECOR				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u>:T</u>	SACKS CEMENT		
1.2 3/4	8 5/8	160		_430		
7 7/8	4 1/2	4650		800		
:	1 1/4	4410				
minem DAMA SAID BEOMEST	ECP ALLOWARIE (Test must be a	ifter recovery of total violar	me of load oil and must	be equal to or exceed top allow		
TEST DATA AND REQUEST OIL WELL	able for this de	epth or be for full 24 hours)	or charter or charter to be asset		
Date First New Oi. Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift, etc.)			
1	Tubing Pressure	Casing Pressure	Choke	Size		
Length of Test	rannia Lianama					
1	00-891-	Water - Bbls.	Gas-M	CF		
Actual Prod. During Test	Oil-Bbls.	114141 - DDIB1	, Jan - W.			
		<u> </u>				
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate		
3,521	3 hrs		· · · · · · · · · · · · · · · · · · ·			
3,521 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke	Size		
back or	796	796	3	3/4"		
CERTIFICATE OF COMPLIA		1	CONSERVATION	COMMISSION		
CERTIFICATE OF COMPLIF	1.102			NOV 1		
		APPROVED		, 15		
I hereby certify that the rules ar	nd regulations of the Oil Conservation d with and that the information given	<u>}</u>				
above is true and complete to	the best of my knowledge and belief.	By Original Li	SUPERVI	- Arnold		
and the semples to	•	![DALEMA	y garan in managaman ti Hill Mill		
		TITLE				
Million C. (\sim	This farm is to	be filed in complian	ice with RULE 1104.		
MAI Villana (. 1	If this is a recu	uest for allowable for	a newly drilled or deepende			
=(////	ignature)	wall this form must	t he accompanied by	a tabulation of the deviation		
Operator	egrame an wy	tests taken on the	well in accordance w	ACT RULE 111.		
Oberaror				led out completely for allow		

(Title)

(Date)

10-14-74

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All sections of this form must be filled out completely for allow able 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.