1	NO. 0F	14				
	DIS	N				
	SANTA	1				
	FILE	Γ_{I}	-			
	U.S.G.S.	i				
	LAND					
	I RANSPORTER O			OIL		
	GAS					
	OPERA	1				
۱.	PRORA	TION	OFF	ICE		
	Operator					
		plor	ati			
	Address		-			
		602	Mid	lland	Sav	rine

October 15, 1976
(Date)

I	DISTRIBUTION			NEW MEXICO OIL CO	Form/C-104			
	SANTA FE	1		REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE	1			AND	Effective 1-1-65		
	U.S.G.S.			AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
	LAND OFFICE							
	TRANSPORTER GAS	1						
	OPERATOR	1						
1.	PRORATION OFFICE							
	Operator							
	Dietrich Exp	plor	ati	on Company				
	Address							
	602 Midland Savings Bldg., 444 17th Street, Denver, Colorado 80202							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well A Change in Transporter of: Recompletion Oil Dry Gas							
	Change in Ownership			Casinghead Gas Conden	7			
	If change of ownership give							
	and address of previous ow	vner _						
II.	DESCRIPTION OF WEL	L AN	I Di	LEASE				
	Lease Name			Well No. Pool Name, Including Fo	i i			
	District Fed	dera	1_	3 WAW Picture C	liff State, Federa	or Fee Federal MM12021		
	Location							
	Unit Letter	. ;'	<u> 790</u>	Feet From The South Line	e and 790 Feet From	The East		
				0.50	2011			
	Line of Section 27		Tow	mship 27N Range	13W , NMPM, San	Juan County		
					_			
11.	DESIGNATION OF TRA	NSP	ORT	or Condensate	S Address (Give address to which appro-	ued copy of this form is to be sent)		
	Name of Authorized Transpo	rter or	On	or Condensate	Address (Othe dabless to which appro-	, , , , , , , , , , , , , , , , , , , ,		
	Name of Authorized Transpor	rter of	Cas	inghead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)		
	El Paso Nati				Box 990, Farmington, N			
				Unit Sec. Twp. P.ge.	Is gas actually connected? Wh			
	If well produces oil or liquid give location of tanks.	ls,			NO			
	<u> </u>			<u> </u>				
		ingled	wit	h that from any other lease or pool,	give commingling order number:			
٧.	COMPLETION DATA			Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of C	omple	etio	n = (X)	X			
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9-7-76			9-30-76	1550	1510		
	Elevations (DF, RKB, RT, G	R, etc	·. j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6140 GR	6140 GR Picture Cliff				1325		
	Perforations					Depth Casing Shoe		
	1368-1373,	1378	- 13			1534		
				T	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	75		
	121			8 5/8	90	100		
	6‡			4 1/2 2 3/8	1534 1325	100		
				2 3/ 6	1325			
				D. ATTOWARTE (Tast much be of	for an angular of total volume of load oil	and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUOIL WELL	UESI	FC		pth or be for full 24 hours)	1 1 1 1 1 1		
i	Date First New Oil Run To	Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test		_	Tubing Pressure	Casing Pressure	Choke Size		
						OCT 19 1976		
	Actual Prod. During Test			Oil-Bble.	Water-Bbis.	Gas-MCF OIL CON. COM.		
						DIST. 3		
				~		```		
	GAS WELL			L	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D			Length of Test	Bals. Condensate, MMCI			
	1138	\		3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back	pr.)		, ,	240	3/4		
1	Flow Nipple							
. 'I.	ERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
					APPROVED, 19			
	I hereby certify that the ru	iles a	nd r	egulations 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.					Original Signed by A. R. Kandrick SUPERVISOR DIST. #3			
					TITLE SUPERVISOR DIST. #3			
	- ~ l							
	11:11.			T Days	This form is to be filed in compliance with RULE 1104.			
	William T. Jones (Signature)				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			
	William T. 3	Jone	Sena	itue)	well, this form must be accordance with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	Agent		(T)					

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