ĺ	NO. OF COPIES RECEIVED			,		
	DISTRIBUTION	1	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
į	FILE		AND			
	U.S.G.\$.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER OIL			•		
	GAS	-		ADI DO OLE COLET		
	OPERATOR	-		API 30-045-23467		
ı.	Operator					
		COMPANY, INC.				
	Address					
	1808 CAMPBELL	CENTRE DALLAS, TEXA	AS 75206			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	ıs 🗌	•		
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.		
	Lease Name	1	1	CE 070400		
	Federal E	IA Blanco Mesav	verde state, research	<u></u>		
	Location					
	Unit Letter D ; 61	O Feet From The North Lin	ne and 6201 Feet From T	he West		
		0711	8W , NMPM, San Jua	an Garage		
	Line of Section 25 Tov	wnship 27N Range	8W , NMPM, Sall Jue	In County		
		DED OF OUR AND NATURAL CA	is a second			
Ħ.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	PLATEAU		P.O. Box 489 Bloomfield			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas XX	Address (Give address to which approx	ed copy of this form is to be sent)		
	FI Paso Natural		P.O. Box 990 Farmingtor	n, New Mexico 87401		
		Unit Sec. Twp. Fige.	Is gas actually connected? Whe			
	If well produces oil or liquids, give location of tanks.		No			
		th that from any other lease or pool,	give commingling order number:			
IV	If this production is commingled with COMPLETION DATA					
. ·		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completic		XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 4850	P.B.T.D.		
	5-12-79	8-6-79	Top Cil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Blanco Mesavende	3860	4529'		
	5983' GR	Dialico Mesaverde	3000	Depth Casing Shoe		
	Perforations	OFF DEVEDOF CIDE		4815'		
		SEE REVERSE SIDE	D CEMENTING RECORD	7013		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE		200'	145 sx.		
	9-7/8 6-1/4	8-5/8 4-1/2	4850'	245 sx. Class B &		
	0 1/4	1		95 sx. Litepoz		
		••		ì		
1 ,	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-		
₩.	OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lif			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii)	i, eic.)		
			Casing Pressure	Chexe Size		
	Length of Test	Tubing Pressure	Casing Pressure	.019		
			Water - Bbls.	Gra-MGRIC 13 VSI 3		
	Actual Prod. During Test	Cil-Bbla.	Water - 2214.	Gra-MORING 10 COM.		
		<u> </u>		OIT DIEL. 3		
				Dig.		
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	2245	3 hours				
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	977	977	3/4 T & C		
_	<u></u>		OIL CONSERVA	TION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE				
	هادالها المايان من	regulations of the Oil Conservation	APPROVED AUG 1 5 15 15 19			
	11-4	with and that the information biven	Original Signed by A. R. Kendrick			
	above is true and complete to the	e best of my knowledge and belief.	BY			
			TITLE	·		
	0.4.4.1		This form is to be filed in compliance with RULE 1104.			
	~ 11		Il Tura form is to be then in (

Ra Wyn (Signature)
• •
President
(Title)
7-31-79

APP	ROVED	AUG 1	<u>. 6</u>			19
BV	Original	Signed	Ŋď	 ₹.	Kendric k	
	_					
TITL	. E .			 		

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 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.

PERFORATIONS

3780,83,85,88,3905,25,29,33,79,83,4010,14,22,25,28,33,55,58,60,64,67,70,74
77,82,4101,07,12,17,22,25,28,33,37,57,61,64,68,78,81,84,96,4219, 36,40,49,52,66,69,73,
76,87,4312,4321,47,63,67,78,81,4405,19,44,47,50,54, 57,61,65,68,81,87,92,96,99,4504,
09,13,17,21,32,37,45,52,54,57,65,94,4602,10,15,38,83,87,4722,4733,4754,4760,4777,4781