NO. OF COPIES RECE	 	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANGPORIER	GAS	
OPERATOR		
PRORATION OF		

-	SANTA FE	-	-	REQUEST FOR ALLOWABLE				•	Supersedes Old C-104 and C-110		
+	FILE					AND			Effective	1-1-65	
t	U.S.G.S.			AUTHORIZ	ATION TO TR	ANSPORT C	IL AND NA	ATURAL GA	\S		
1	LAND OFFICE								-		
	TRANSPORTER	OIL									
	TRANSFORTER	GAS									
	OPERATOR										
1.	PRORATION OF	FICE									
-	Operator										
}	DEPCO, In	.c.						 			
					<i>c</i> o 90303	•					
}	Reason(s) for filing	(Check pro	BULICI Oper box)	ng - Denver	, CO 80202	0	ther (Please e	explain)			
	New Well	\mathbf{x}		Change in Trai	nsporter of:						
1	Recompletion			Oil	Dry o	Gas					
	Change in Ownershi	ip		Casinghead Go	rs Cond	densate					
ι			- 								
	If change of owner and address of pre-	ship give	name er							,	
,	and address of pre	*1045 5									
11.	DESCRIPTION C	OF WELL	AND	LEASE	Well No. Pool I	(Formation		Kind of Lease		
	Lease Name			Lease No.	1 1				State, Federal ex	viieo	
	Federal 30			NM0359211	44 Wes	st Kutz P.	<u>. </u>		XXX, X	^^^	
	Location	_	000		Conth	990			East		
	Unit Letter	P ;	990	Feet From Th	ne South L	_ine and990		_ Feet From T	he <u>Last</u>		
		20	_	mship 27N	Panao	11W	, NMPM,	San Ju	ian	County	
	Line of Section	30	Tow	mship Z/N	Range	7744	, 14441 144	<u> </u>			
		0E MD 43	enon"	PER OF OIL AN	D NATURAL (GAS					
III.	DESIGNATION (OF TRAN	er of Oil	or Conde	ensate	Address (G	ive address to	which approv	ed copy of this for	m is to be sent)	
	Name of Admorates										
	Name of Authorized	d Transport	er of Cas	inghead Gas	or Dry Gas 💢	Address (G	ive address to	which approv	ed copy of this for	rm is to be sent)	
	Gas Company					P. O. B	ox 1899,	Bloomfie	eld, NM 87	413	
				Unit Sec.	Twp. Rge.	Is gas actu	ally connecte	d? Whe			
	If well produces of give location of tar	i of liquids nks.	•	1	1		No				
	If this production		aled wit	h that from any of	ther lease or por	ol, give commi	ngling order	number:			
IV	COMPLETION I	IS COMMIN DATA	igred wit	in that from any or						ne Res'v. Diff. Res'v.	
•••			1	Oil W	/ell Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res.v. Dill. Res.v.	
	Designate Ty	ype of Co	mpletio	on (A) ;	, X	X	<u></u>	<u>.l</u>	P.B.T.D.		
	Date Spudded			Date Compl. Read	y to Prod.	Total Dept					
	4-4-81			8-19-8		1900'			1870' K	В	
	Elevations (DF, R			Name of Producing		Top Oil/G					
	6169' GR,	6181'	KB	Pictured	Cliffs	1707	KB		1706 KP		
	Perforations								1896' 1	1	
	1708' - 14	4' KB				ND CENENT	NC DECOR		1		
					ING, CASING,	AND CEMENT	DEPTH SE		SACK	S CEMENT	
		ESIZE			TUBING SIZE		148' KB	<u> </u>	125		
	12-1/4"			8-5/8"			396' KB		365		
	7-7/8"			4-1/2"			706' KB				
				<u> </u>			700 ND				
				OD AT YOUARI	E /Tank muse I	a ofter recovers	of total volu	me of load oil	and must be equal	to or exceed top allow-	
V.	TEST DATA AL	ND REQU	UEST F	OR ALLOWABL	able for this	s depth or be for	r full 24 hours)			
	Date First New Ci	il Run To T	anks	Date of Test		Producing	Method (Flou	, pump, gas li	(t, etc.)		
	Length of Test			Tubing Pressure		Casing Pr	ಕಾರ್ಚಕ	1	Chore Sie		
								A		\	
	Actual Prod. Duri	ng Test		Oil-Bbls.		Water - Bb	ls.	##]	TOTALFI		
									-0.1.0.1001		
	-							1 5	EP JO 1981		
	GAS WELL					Bhla Con	densate/MMC	F \ OIL	COREWAY GROWN	ion ate	
	Actual Prod. Tes	t-MCF/D		Length of Test		EDIB. COL		, J	DIST, 3		
	114		 _	3 Hr	·	Casing Pr	0		Choke Size	9	
	Testing Method (pr.)	Tubing Pressure		}	psi		3/4	11	
	Pito			<u> </u>		203		CONSERVA	ATION COMM		
VI	. CERTIFICATE	OF COM	MPLIAN	ICE			OIL	CONSERVA	2	FD 1 0 1004	
						APPRO	OVED			EP 10 1981	
	I hereby certify	that the ru	ules and	regulations of the	guistions of the Oil Conservation		BY Original Signed by FRANK T. CHAVEZ				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				ef. BY	BY Original Signed by the					
					TITLE SUPERVISOR DISTRICT # 3						
					1116						
						Th	This form is to be filed in compliance with RULE 1104.				
	グー	1 - So Schweum					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				
		(Signature)					aken on the	Mell IN Scco	INSUCO MILLI INC		
Production Superintendent-Southern Rockies (Title)					nern Rockies All sections of this form must be filled out completely for allow-						
					able on new and recompleted weils.						
			•	itle)		19			IV And TIE E	or changes of owner,	
	September	2, 198	1			F	ill out only	Sections I.	II, III, and VI f rter, or other suc	il olimings or -	
	September	2, 198	1	Tate)		well n	ill out only	Sections I.	II, III, and VI f rter, or other suc	or changes of owner, h change of condition, each pool in multiply	