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SANTA FE		17		
FILE		$\Box$		
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LAND OFFICE				
IRANSPORTER	OIL			
	GAS	I		
OPERATOR		2	1	
PROPATION OF				

SANTA FE	1	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
FILE / V		REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S.		AND		
<del></del>	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	L GAS	
LAND OFFICE				
IRANSPORTER OIL				
GAS /				
OPERATOR 2				
PRORATION OFFICE				
Operator				
Petroleum Corpor	ation of Texas			
Address				
P.O.Dox 311	Prechenridge Texas	<u>76204</u>		
Reason(s) for filing (Check proper be		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go	rs 🔝		
Change in Ownership	Casinghead Gas Conder	nsate 🔲		
		•		
If change of ownership give name				
and address of previous owner		<del></del>	······································	
I DECEMBRION OF WELL AND	LEACE			
I. DESCRIPTION OF WELL AND	Well No.   Pool Name, Including F	ormation Kind of Le	ease Toderal Lease No.	
			leral or Fee SEG 47090 (8)	
Day	<u>l Y Fulcher Sut</u>	<i>7</i> .	125 13 1 1 2 1 1 C 1	
Location	20	(· -		
Unit Letter; 17	30 Feet From The South Lin	te and $1944$ Feet Fra	om The <u>Gest line.</u>	
	0.75		Charles Transport	
Line of Section 20 T	ownship 200 Range	10 , NMPM,	San Juan County	
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	is		
Name of Authorized Transporter of C	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
1 Ì				
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
Southern Union G	atbering System	Parmington, Yeu M	exico	
	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.		Mc.		
	<del></del>			
	with that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Designate Type of Complete				
		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.			
12/7/70	12/19/70	2167	2157	
Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay	Tubing Depth	
6001 GL.	Picture Clift	20021	2060	
Perforations			Depth Casing Shoe	
1999-2000, <b>2012-1</b>	5,20 <b>17</b> 21,2036 42,204	6-54,2 shots her f	<u>'cot. 2157:</u>	
	TUBING, CASING, ANI	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12	8 5/8	1001	100	
5 3/4	4.5	21.57	300	
ZAZXXX	2 3/5	2060;		
CAONBA	3/4	2040 !	:	
<u></u>				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)	
Date First New Oil Run To Tanks	Date of lest	Floracing Method (1 100) pomp, ac	,,,	
		Contra Processes	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
<u></u>				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gae MCF	
			1 20 min	
·			7.5	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	ZU Fire Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	370	310		
		<del>^</del>		
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION	
			1971	
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.		APPROVED JAN 7 1971 , 19		
		By Original Signed by Emery C. Arnold		
		<del>- 1</del>		
		TITLE	دَاهِمُونَ عَمَدُ الْمُعْمِ	
(111 1/)	<i>;</i>	il		
YEV AI " U	612	This form is to be filed	in compliance with RULE 1104.	
111/11 W.	<i>Y</i>	If this is a request for a	llowable for a newly drilled or deepened mpanied by a tabulation of the deviation	
Aignoture)		tests taken on the well in ac	cordence 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.