			_		
NO. OF COPIDS RECEIVED		5	5		
SANTA FE		7			
FILE		\prod			
U.S.G.S.		Ι			
LAND OFFICE					
IRANSPORTER	OIL	1			
	GAS				
OPERATOR					
PROBATION OFFICE		1			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

į.	7	/ REQUEST	FOR ALLOWABLE		Effective 1-1	-65	
į,	FILE /		AND			03	
l	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NA	ATURAL G	ias		
Ī	LAND OFFICE						
ľ	OIL /						
ı	TRANSPORTER GAS /						
ľ	OPERATOR .						
_ }	PROPATION OFFICE						
I.	Operator Operator						
	Bird Oil Equipment of	Oklahoma, Ltd.					
1		NN 97401					
ŀ	3101 Knudsen, Farmingt	.on, NH 87401	Other (Please e	xplain)			
	Reason(s) for filing (Check proper box)	and the second s	(3.3.2.	• •			
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga					
•	Change in Ownership X	Casinghead Gas V Conder	nsate				
•	If change of ownership give name	Aztec Oil & Gas Company,	Drawer 570, Far	mington,	, NM 87401		
	and address of previous owner	FACE					
# # .	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation K	ind of Lease		Lease No.	
	Southeast Cha Cha Unit	#30 Gallup ()	na Cha s	tate, Federal	or Fee NM-09979	9	
		O Feet From The South Lin	ne and 730	Feet From T	The East		
	Line of Section 15 Tow	mship 28 North Range	13 West , NMPM,	,	San Juan	County	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	k;-1	and come of this form:	e to be sent?	
	Name of Authorized Transporter of Oil	or Condensate	Address (Othe daniess to	Address (Give dudress to which approved copy of this form to to the			
	Plateau Inc.		1921 Bloomfield	Blvd.,	Farmington, 1	MM 87401	
	Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas 🗔	Address (Give address to	which approx	ved copy of this form is	s to be sent)	
	El Paso Natural Gas Co		Box 990, Farmin	gton, Ni	м 87401		
		Unit Sec. Twp. Rge.	Is gas actually connected				
	If well produces oil or liquids, give location of tanks.	1 1 1					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order t	number:			
ıv.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	les'v. Diff. Res'v	
	Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$	i	į	į !		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations	<u> </u>			Depth Casing Shoe		
			D CENENTING BECORD		CTT 1		
			D CEMENTING RECORD		SALKS C	FMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SA SA SA C	EMEN	
				$+ \leftarrow + \leftarrow$	3 0/3 T		
				10/2	144		
				14	J'A CO.		
				1 20	3.3		
		OR ATTORIANTE OF THE PARTY OF	after recovery of total volum	e of load bil	and sure be equal to	or exceed top allo	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE. (Less must be a place for this d	epth or be for full 24 hours)		1 C/2		
	OIL WELL	Date of Test	Producing Method (Flow,		ft, etc.		
	Date First New Oil Run To Tanks						
			Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure	Committee of the commit				
			Water - Bbls.		Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	ndier - Shie.				
	\						
	GAS WELL		Bbls. Condensate/MMCF		Gravity of Condens	ate	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF		Grant, or constant		
	1				Chaha Star		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	1 2 j	Choke Size		
VI	CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERV	ATION COMMISS	ION	
▼ 1			APPROVED		SEP	2 4 1975	
I hereby certify that the rules and regulations of the Oil Conservation			1				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			igned by	A. H. Kendric	K	
			SUPERVISOR DIST. #5				
			TITLE				
			TITLE				
			TT.	he filed in	compliance with Rt	ULE 1104.	
		m: 0	This form is to		compliance with Ri	-111-4 as desemb	
	Slen	DSis C	This form is to	est for allo		rilled or deepend on of the deviation	

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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.