5 MMOCC 1-Mindon 2-Elines, 1 Cont, 1-Andon ONEX

(Title)

(Date)

DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 L GAS
TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator			
Jerome P.	Ma Hugh		
Address Box 234 F	Francis to May	12.00 8721	
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	ns 🗔	
Change in Ownership	Casinghead Gas Conde	= 1	
f change of ownership give name nd address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	(1) do 11.6	ease Lease No. SF-07:314
Location // A Fa / S	E Daziii -	renegation and the second	37 37 37 37 37 37 37 37 37 37 37 37 37 3
Unit Letter // ;	100 Feet From The South Lin	ne andFeet Fro	om The Most
Line of Section 24 To	ownship 2911 Range 8	SU , NMPM,	S74 - 147 / County
			V. V. VI
ESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)
Plateau Inc		BOX 108, FX	remintor, then the
Name of Authorized Transporter of Co	/ // //		proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When The Man Man Man Man
give location of tanks.	11 24 2911 8W	1/3	1 300 21
this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi		X	1
Date Spudded 9-16-67	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 / 75/7
Periorations 1336 to	7576		Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	79/8 - 32,30	+ + 5 6 5 5	143 214 580 C. 17
Ž. 1/4	4/2 1054116	7606	620 0, 53
	1/4 2.4	1 25/7	
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s life, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas - MCF
DAG MEN T		<u> </u>	West of
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2728	3 hr		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 2502	Casing Pressure (Shut-in)	Choke Size
CERTÍFICATE OF COMPLIAN	CE	11	VATION COMMISSION
Commission have been complied	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	Original Signed .	y mery C. Arnold
Complete to in	my more about and occor.] • • • • • • • • • • • • • • • • • • •	PERVISOR DIST. #3
		11112	in compliance with RULE 1104.
6/2/2 Harris 2		If this is a request for al	lowable for a newly drilled or despened
(Signature)		well, this form must be accom-	npanied by a tabulation 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 transporter, or other such change of condition.