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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

Operator		SANTA FE	
Address		110	
Reason for filing (Check proper box)		Other (Please explain)	
New well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		Name change	

If change of ownership give name
and address of previous owner

Well No.	10	Well Name, including Pool Name	Total Gallup	Kind of Lease	State, Federal or Fee	Lease No.	SF-079065
Location							
Unit Letter	I	1980 Feet From The	South	Line and	660	Feet From The	East
Line of Section	19	Township	29N	Range	13W	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401					
Four Corners Pipeline	P. O. Box 1588, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Time of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Scale Prod.	Ent. Res'v.
Date Updated	Date Compl. Ready to Prod.	Total Depth	S.B.W.D.					

V. TESTS TO ALL REQUEST FOR ALLOWABLE (Test must be after recovery of initial volume of lead oil and must be equal to or exceed top allowable for this depth or for full 16 hours)

Test No.	Date of Test	Producing Method (Block, pump, gas lift, etc.)
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VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION	
JAN 12 1978	
APPROVED	19
BY	Original Signed by A. R. Kendrick
TITLE	SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

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.

District Production Mgr.

1-1-78

(Title)

(Date)