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	SANTA FE	1	!	
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	U.S.G.S.		]	
				i.
	TRANSPORTER	OIL		
		GAS	1	
	OPERATOR		3	
1.	PRORATION OFFICE			1
	Operator			

SANTA FE		ONSERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE /	REQUEST	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER OIL				
GAS	-			
OPERATOR #				
I. PRORATION OFFICE Cperator				
Arteg CLL & C	San Ammaur			
Address				
December 970. 1	Fermington, Nov Mexico			
Reason(s) for filing (Check prope		Other (Please explain)		
New Woll	Change in Transporter of:			
Hecompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give na	ame			
and address of previous owner				
II. DESCRIPTION OF WELL A	AND I FASE			
Lease Name	Well No. Fool Nar	ne, Including Formation	Kind of Lease	
WALLER	1 182	ts-Pictured Cliffs	State, Federal or Fee	
Location		* ***		
Unit Letter ;	Feet From TheLine	e and Feet Fron	n The	
		n	See	
Line of Section	, Township Range	, NMPM,	County	
		C		
I. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)	
Name of Authorized Fransporter	o. o. o. delidendate	, = - = - = - = - = - = - = - = - = - =		
Name of Authorized Transporter	of Casinghead Gas cr Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
radino of Admorthed Transporter		1507 Pacific, Balles,	_	
PERSONAL UNION UNION	Unit Sec. Twp. Fige.		Vhen	
If well produces oil or liquids, give location of tanks.	1			
	ed with that from any other lease or pool,	give commingling order number:		
If this production is commingly. COMPLETION DATA				
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Com			D.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1-06-65	9-11-65	Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Producing Formation	Top On/Gas Pay	1013	
Perforations		73-	Depth Casing Shoe	
Perforations 1916-1974 2 557	1990-70 <b>2 SPF</b>			
Mary in a ser		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The statement	20.53	175 make	
	1" tubine	1913		
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allow-	
OIL WELL	able for this ac	epth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tan	ks Date of Test	1. Todaching wiethod (1. tow, pump, gas		
Longth of Toot	Tubing Pressure	Casing Pressure	Choke S28	
Length of Test				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF	
			FFB 1 <b>6</b> 1965	
GAS WELL			\OIL CON. COM./	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 3	
010	3 hour			
Testing Method (pitot, back pr.	Tubing Pressure	Casing Pressure	Choke Size	
theled Padet Back Per	236	<b>G</b>	<b>y</b> •-	
I. CERTIFICATE OF COMP	LIANCE ACT 1365	OIL CONSER	VATION COMMISSION	
	<del>-</del> -	FFR 1 6 1965		
I hereby certify that the rules	s and regulations of the Oil Conservation	APPROVED FER 16, 1965 Original Signed By		
Commission have been comp	blied with and that the information given to the best of my knowledge and belief.	BY_A. R. KENDRICK		
above is true and complete		TITLE PETROLEUM ENGINEER DIST. NO. 3		
		il .		
CRIGINAL SIGNED BY JUE	To Chairt Clauba		in compliance with RULE 1104.	
Digital Di 10%	The second	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.		
	(Signature)			
Blotvict Sc	perintendent	All sections of this form	must be filled out completely for allow-	
	(Title)	able on new and recompleted	wells.	
2-15-65	(Date)	Fill out Sections I, II,	III, and VI only for changes of owner, porter, or other such change of condition.	

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