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	OPERATOR	!	7	j		
1.	PRORATION OF	FICE		1		
	Operator					
	Address					
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	Reason(s) for filing	(Check p	roper box)		
	New Well	\vdash		Change		
	Recompletion	Щ		011		
	Change in Ownership			Casingl		
	If about of autors					
	If change of owners and address of prev					
11.	Lease Name	F WEL	L AND	Well No		
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	Location	leral		5		
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	SANTA FE REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	1	AND			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS		
	OIL /			*		
	TRANSPORTER GAS /	\dashv		•••		
	OPERATOR /	\dashv		4. A.		
	PRORATION OFFICE					
1.	Operator	Operator				
		PUBCO PETROLEUM COI	New Mexico 87410 Other (Please explain) sate xx From Plateau, Incorporated			
	Address		The test of the			
		P.O. Box P. Aztec.	New Mexico 87410	My ASTA CO		
	Reason(s) for filing (Check proper be	ox)	Other (Please explain)	I DIE PA		
	New We!i	Change in Transporter of:		1973 CM		
	Recompletion	Oll Dry G	as 🔲	,ó		
	Change in Ownership	Casinghead Gas Conde	ensate xx From Plateau,	Incorporated		
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
			State Fed	ease No.		
	Federal	5 Basin Dako	ota	3.4.		
		_				
	Unit Letter R; 89	Feet From The North Lin	ne and 1800 Feet Fro	m The Fast		
	Line of Section 5 To	ownship 29 North Runge	12 West , NMPM,	San Juan County		
		29 1101 011	TE NESU / Time to	Dan Juan County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of O			proved copy of this form is to be sent)		
	Inland Corporation		P.O. Box 1528, Farmin	gton. New Mexico 87401		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)		
	El Paso Natural Gas C	ompany	P.O. Box 990 Farming Is gas actually connected?	ton. New Mexico 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	B 5 29N 12W				
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Tou win to win				
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Date Compi. Reday to Prod.	Total Depth	P.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	The state of the s		100 011, 012 1 1,	l asing Dopin		
	Perforations			Dept Carry ce		
		TUBING, CASING, AN	D CEMENTING RECORD	(8)		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACK DEMEN		
				CES S P COM.		
				SE' COM. 3		
				OIL DIST.		
V.	TEST DATA AND REQUEST I			oil and must be equal to or exceed top allow-		
	OIL WELL		epth or be for full 24 hours)	112		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
		G. Land	God Person	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		
	Actual Frod. During 1 est	011-8016.	Water - Bore.	043*11.01		
	l					
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	ICE	OU CONSERV	ATION COMMISSION		
V 1.	I hereby certify that the rules and regulations of the Oil Conservation		JI GONSEIN	SEP 2 6 1968		
			APPROVED			
	Commission have been complied	with and that the information given	By Original Signed by Emery C. Arnold			
	above is true and complete to the	e best of my knowledge and belief.				
			TITLE	SUPERVISOR DIST. #3		
			H			
			This form is to be filed in compliance with RULE 1104.			
	X War Contract	nature)	well, this form must be accom	owable for a newly drilled or deepened panied by a tabulation of the deviation		
			tests taken on the well in acc	tests taken on the well in accordance with RULE 111.		
	Field Foreman		All sections of this form	All sections of this form must be filled out completely for allow-		
	(1.00)		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			
	September (D	C 24, 1968	well name or number, or transporter, or other such change of condition.			

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.



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