NO. OF COPIES REC	5			
DISTRIBUTIO				
SANTA FE	1			
FILE	7			
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	G A\$			
OPERATOR				
BROBATION OF	IC E	[ , – ]		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

U.S.G.S.		<u> </u>		AUTHORIZ	ZATION TO TRA	ANSPORT (	OIL AND I	NATURAL C	SAS		
LAND OFFICE	OIL	1									
OPERATOR	G A S	1									
PRORATION OF	FICE	-	$\vdash$						1		
Operator									0:-		,
Ladd   Address	Petro	lew	a Co	rporation		<del></del>		<del></del>	10:2	<u> </u>	
830 D	enver	Cl	ub B	ldg., Denve	r. Colorado	80202					
Reason(s) for filing	(Check ;	proper	box)				ther (Please	explain)			
New Well Recompletion	H			Change in Tra	ansporter of:  Dry Ga	ıs $-$					
Change in Ownershi	, <b>X</b>			Casinghead G	<b>-</b>	<b>=</b> ≒1					
16 -1								<del></del>			
If change of owners and address of prev	ship giv vious ov	e nar vner	ne Mc	Culloch 011	Corporation	924 ₹	ughn Bl	dg.,Midle	nd, Texas	9701	
DESCRIPTION O	F WEL	L A	ND L		ol Name, Including F	ormation		Kind of Lease		Leas	• No.
Farming ton				1	Basin			State, Federa	or Fee Fed. &	es SF 078	
Location Unit Letter <b>B</b>			790	Feet From Ti	he North Lin	ne and 1	750	Feet From 1	The <b>East</b>		
Unit Letter <b>_</b>		. ;	120	Feet Flom 11	ne_NOLSH LII	ie drid		: eet : :::::::::::::::::::::::::::::	THE LEAD L		
Line of Section	4		Town	nship 29N	Range R	13W	, NMPM	<u>,                                      </u>	San Juan	Co	ounty
DESIGNATION O	F TRA	NSP	ORT	ER OF OIL AN	ID NATURAL GA	\s					
Name of Authorized	Transpo	rter o	f Oil	or Conde	ensate K	Address (Give address to which approved copy of this form is to be sent)					
Inland Cor Name of Authorized	porat	Lon	f Cast	Inghead Cas	or Dry Gas 🛣	P.O. Bo	x 1528,	Farmingt	on New Man	ico	
Southern U					o. D., Gas	j					•
If well produces oil			A Par	Unit Sec.	Twp. Rge.	P.O. Box 388 Rloomfiel Is gas actually connected? Whe			en en	ــــــــــــــــــــــــــــــــــــــ	
give location of tan				B 4	29N R13W	<u> </u>	Yes	<u> </u>	1/25/61		
If this production i		ngle	d with	that from any ot	ther lease or pool,	give commis	ngling order	number:	None		
Designate Ty		omp	letion	oil W	Vell Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v. Diff.	Res'v.
Designate Ty	pe or C	- In p	101101	Date Compl. Read	v to Prod.	Total Depth	1		P.B.T.D.		
Date Spudded				Date Compilitional	,	l					
Elevations (DF, RK	B, RT, G	R, et	c.j	Name of Producing	y Formation	Top Oil/Go	is Pay	<del>-</del>	Tubing Depth		
Perforations			1						Depth Casing Sh	<b>De</b>	
				THE	ING, CASING, AND	CEMENTI	NG RECOR	D			
HOLE	SIZE				TUBING SIZE	CEMENTI	DEPTH SI		SACKS	CEMENT	
									I		
						<del> </del>		<u>.</u>	<del> </del>		
									<del>                                     </del>		
TEST DATA AN	D REQ	UES	T FO	R ALLOWABLI					and must be equal	to or exceed to	p allow-
OIL WELL				Date of Test	able for this de		•	·	ft. etc.)		
Date First New Oil	Hun To	Idnks		Date of lest		Producing Method (Flow, pump, gas lift, etc.)					
Length of Test				Tubing Pressure		Casing Pre	saurė		Choke Size		
				Oil-Bbis.		Water - Bbls			Gas - MCF		
Actual Prod. During	Test			Oli-Bbis.		#diet-Bbie			025 (1.0)		
						<del></del>			·		
GAS WELL	WC5 75			Langth of Total		Bble Cond	ensate/MMC		Gravity of Conde	nagte	
Actual Prod. Test-	MCF/D			Length of Test		Doie, Cond	CHARLEY MINIC	_	G.C.M. Or Cond		
Testing Method (pit	ot, back	pr.)		Tubing Pressure (	Shut-in )	Casing Pre	ssure (Shut	-in)	Choke Size		
CERTIFICATE (	DE CO	ADI 1	IANO				OII (	CONSERVA	TION COMMIS	SION	
CERTIFICATE (				~							1
I hereby certify that the rules and regulations of the Cil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		11	APPROVED FEB 1, 0, 1970  By Original Signed by Emery C. Arnold								
			TITLESUPERVISOR DIST. 排8								
	ייב נד					11			compliance with		
	Dar	4	St	I. E. Bar	rett	11 70.00	is is a tec	sest for allow	able for a newly	drilled or dec	epened
Lessant I. E. Barrett (Signature)				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.							
Vice President (Title)  February 5, 1970											
										(Dat	