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NO. OF COPIES REC	-						
DISTRIBUTIO					NEW	MEXICO (
SANTA FE	!					REQU	
	/				-		
U.S.G.S.		1-1			AUTH	DRIZA	TION TO
LAND OFFICE	OIL						
TRANSPORTER	GAS	1					
OPERATOR		7					
PRORATION OF	FICE						
Address 632 Reason(s) for filing New Well Recompletion Change in Ownership If change of ownership and address of previous of previous process DESCRIPTION Of Lease Name DEARSON Location	check p	e nam	box)		Change i Oil Casinghe	ad Gas	
Unit Letter	F 29			Q nship		om The_	North
Name of Authorized Name of Authorized EL FASC If well produces oil give location of tank	Transport Transport MA'(or liquid	rter of	Cas	inghe	or C ad Gas CO	ondensa	te 🗌 Dry Gas X
If this production is COMPLETION D	ATA_					other	Gas W
Designate Typ	pe of C	ompl	etio		1		X
Date Spudded 1/8/66				Date	2/26	Ready to	Prod.
Elevations (DF, RKI 5511	B, RT, G	R, etc	:• <i>j</i>	Nam	e of Prod	LAN)	rmation
Perforations	1584	15	18				
	-/	<u></u> y .				UBING	, CASING
HOLE	ŞIZE						SING SIZE
HOLE	/811					<u> </u>	

DISTRIBUTIO	ON		1]	NICTAL NA	EVICO OU C	0.10=m./4=			_		
SANTA FE		,		NEW MEXICO OIL CO REQUEST F					ISSION	Form C-10	4 s Old C-104 and C-116	
FILE		REQUEST				OWADLE		Effective :				
U.S.G.S.		-	1	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
LAND OFFICE		_	 	AUTI	NURIZATI	ION TO TRA	NOPUKI	UIL AND I	NATUKAL	GAS		
TRANSPORTER	OIL	,		1						45	andre .	
OPERATOR	0 / 3	-	\vdash	4		•				/O11 H	11/1	
PROPATION OF	105	/-	\vdash	4						/ NLUL	IVFNV	
Operator	ICE	<u> </u>	ــــــ									
approximation of the contract	D 77 A 17	.~~								NOVI	1000	
Address	PEAR	(SO)	<u> </u>							OIL COM	1307	
622	'पद्मकाल	1 7.5		र - सो ं	TO 1 7316 TE 1876	7. 7. 7. O. T.	36 Q 5	el. on		/ CON	COM	
Reason(s) for filing	Check p	roper	hox	1 STAB	raint IN	GTON. N.		Other (Please	ernlain)		3	
New Well				•	in Transpor	ter of:	[`	Office (1 ccuse	captainty			
Recompletion	Ħ			Oil	11-4.1.Dpo.	Dry Gas						
Change in Ownership	<u>, F</u>				head Gas	Conden	= 1					
- Change in Ownership	<u> </u>				medd dds [_	Colideit	sale L					
If change of owners and address of prev					NCE W.	ADAIR, B	LOOMF	LEID, N	. М.			
DESCRIPTION O	TO SELECT	T A	NIED 1	LEACE								
DESCRIPTION O Lease Name	r WEL	L A	ND I	Well N	lo. Pool Nan	e. Including Fo	rmation		Kind of Lea	se	Lease No.	
•						c Patiti			State, Feder	alor Fee Fee	2000	
PEARSON Location					H-H-H-T	PLAND FO	MALL) <u>N</u>	·			
	_		- 0 -	10			- 6	400		tin a de		
Unit Letter	F	. ;	185	Peet F	rom The	North Line	and 1	30	Feet From	The Jest		
					a	_	0 !! 1			C: 4 NY - TTT : 37		
Line of Section	29		Tov	wnship	<u> 2911 </u>	Range]	.OW	, NMPM	<u>'</u>	SAN JUAN	County	
DESIGNATION O								11	TT. 1			
Name of Authorized	Transpor	rter o	1 011	or	: Condensate		Address (G	ive aaaress i	o wnich appr	oved copy of this form	is to be sent)	
										·····		
'Name of Authorized'	Transpor	rter o	f Cas	singhead Gas	or Dr	y Gas X				oved copy of this form	is to be sent)	
EL FASO) MAT	'UR.	h.L.	Gas 00	•		Box	1492,	37. Pas	o, Texas		
If well produces oil	or liquid	s.		Unit S	Sec. Tw	P.ge.	Is gas actu	ally connecte	ed? W	hen		
give location of tank		-•		1 1	1	l ,	Yes		!	6 /6 6		
(C.1) != =				th that from		2222 22 2221		malina andan		75-460-57	OLF7	
If this production is COMPLETION DA		ugre	u wii	in that from	any other i	ease or poor,	give commi	ngiing order	number:			
					Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff, Res'v.	
Designate Typ	oe of C	omp]	letio	on — (X)	i	X	X	1	1	1 1	ŝ	
Date Spudded				Date Compl	Ready to P		Total Dept	h_ /		P.B.T.D 617	-	
1/8/66	,			2/2	6/66			1650		1017		
		Name of Pro	Name of Producing Formation			as Pay		Tubing Depth				
5511				159	94		1 555	;				
Perforations				1		·	L			Depth Casing Shoe	Depth Casing Shoe	
-	1584	16	7 A							1649		
	1504	10	3.0		TUDING	CACINIC AND	CEMENT	NE DECOR				
TUBING, CASING, AND				CEMENT			T					
HOLE SIZE		CASII	CASING & TUBING SIZE		DEPTH SET				CEMENT			
於 6 7/8"		5章"						35				
5 3 3 3 3 3 3 3 3 3 3	78"				2 7/8		1	650		175		
				<u> </u>		· · · · · · · · · · · · · · · · · · ·						
				<u> </u>						<u> </u>		
TEST DATA ANI	REQU	UES.	r F	OR ALLOW	VABLE (Test must be af	ter recovery	of total volu	me of load oi	l and must be equal to	or exceed top allow-	
OIL WELL						able for this de		<u> </u>				
Date First New Oil F	Run To I	Tanks	3	Date of Tes	st		Producing	Method (Flow	, pump, gas	lift, etc.)		
Length of Test				Tubing Pres	ssure		Casing Pre	esure		Choke Size		
Actual Prod. During	Test			Oil-Bbls.			Water - Bbl	9.		Gas - MCF		
GAS WELL												
Actual Prod. Test-N	MCF/D			Length of T	Cest		Bbls. Cond	lensate/MMCI		Gravity of Conden	sate	
250	-			4.8							Į	
Testing Method (pitc	t, back	pr. j			saure (Shut-	-in)	Casina Pre	ssure (Shut-	-in)	Choke Size		
				1	. '	y		0#	•	2"		
Meter					500#	 	00					
CERTIFICATE O	F COM	iPL	IAN	CE				OIL		ATION COMMISS	OION	
									NOV	1 3 1967	19	
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.					By Original Signed by Emery C. Arnold							
15 1145 4114	- S.mpre							S	IIPERVISO	OR DIST. #3		
					TITLE							
Mr.	n			ν	//	′	Thi	s form is to	be filed in	compliance with R	ULE 1104.	
1110	//	n		0		j	l Ini	0.111 19 10	111			

11-9-67
(Signature)

(Signature)

(Signature)

(Signature)

(Title)

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

