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U.S.G.S			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110				
	FILE / AND			Effective 1-1-65			
	U.S.G.S	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS			
	LAND OFFICE						
	TRANSPORTER GAS /	-					
	OPERATOR /	-					
I.	PRORATION OFFICE Operator						
	·	ETROLEUM CORPORATION					
		ive, Farmington, New Mexi	co 87401				
	Reason(s) for filing (Check proper box	c)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	5				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	ormation   Kind of Leas	se Lease No.			
	Lease Name		0 FI	ol or Fee Federal SF 078771			
	Mabel C. Senter	1 Basin Dako	ta	rederat of 0/0//2			
		15 Feet From The North Line	e and <b>2140</b> Feet From	The West			
	Line of Section 23 To	ownship 31N Range 6	W , NMPM, Ric	Arriba County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)			
	Name of Authorized Transporter of Co	usinghead Gas or Dry Gas 🗶	Address (Give address to which appro	oved copy of this form is to be sent)			
	El Paso Natural Gas	Co.	P. O. Box 990, Farming				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	gas assault	hen			
	give location of tanks.		No				
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.						
	Designate Type of Completi	ion – (X)	x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	11-23-69	1-9-70	7965 1	79301			
	Elevations (DF, RKB, RT, GR, etc.)  GR 6282, RKB 6296	Name of Producing Formation  Dakota	Tep Oil/Gas Pay	Tubing Depth 7735'			
	Perforations  7781-7800', 7825-42', 7865-72', 7876-81, 7893-98, 7900-04 & 7915-20 x 2 SPF 7965'						
		TUBING, CASING, AND	CEMENTING RECORD	and the second s			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	15"	10-3/4"	206 '	300 sx (circ)			
	9-7/8"	7-7/8"	3868'	750 sx (circ)			
	6-3/4"	4-1/2"	7965'	575 sx			
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siz			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCFFEB 6 1870			
	GAS WELL DIST. 3						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1381 (AOF 1409)	3 hr.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Open Flow	2610 psig	2610 psig	3/4"			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 6 1970				
	hereby certify that the rules and regulations of the Oil Conservation		BY Original Signed by Emery C. Arnold By Original Signed by C. Arnold By Original Signed by Original Signed by C. Arnold By Original Signed by Original Signed by Original Signed by Ori				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  ORIGINAL STORAGE  (Signature)  Area Engineer  (Title)  February 4, 1970  (Date)		By Original Signed by Elliery				
			SUPERVISOR DIST. #8				
			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 owne well name or number, or transporter, or other such change of condition				
			well name or number, or transporter, or other such change of conditions				

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.