ĺ	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CO	SERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND INLAND CORPORATION PURISPORT FOR CAPTURE C	RCHASED ALL TUE	
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORTED CORPORATION PULSPORTED AND INC. THIS PURCHASE INCLU	INC. AND HELD STATE	
	I RANSPORTER		INC. THIS PURCHASE INCLU PERMIT # 670 WHICH MAS INLAND CORPORATION.	DID N. M. E. C. CLODE,	
	GAS		INLAND CORPORATION.	FUN TRANSPIRE TO	
	OPERATOR			DE C. LaMAR, PRICIDENT	
1.	PRORATION OFFICE Cherator		INL	IND CORPORATION	
	TENNECO OIL COMPANY				
	Adviress				
	Reason(s) for filing (Check proper box)	Durange, Color	Other (Please explain)		
	tiew Well	Change in Transporter ci:			
	Recompletion	Cil Dry Gas		, 1965	
	Change in Ownership	Casinghead Gas Condens	ate X		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease				
	Lease Marte			Kind of Lease State, Federal of Fee	
	Giomi.	1 Blan	CO MV		
	: -	Feet From The Line	and Feet From T	ne	
	Orif Ester	rectrion ine	_		
	Line of Section 28 , Towns	ship 30N Range	9W , NMPM, San	Juan County	
***	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	Name of Amarized Transporter of All	or Condensate	Address (Give address to which approve		
	Caribou & Corners 011	Sampany 19	Box 457 Aften, Address (Give address to which approve	Wroming takening lac	
	Name of Authorized Transporter of Casin			_	
	Southern Union Gas Com	Unit Sec. Twp. Rge.	Fidelity Union Twoer, Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	M 28 30 9			
	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 Flug Back Same Restv. Diff. Restv.				
	Designate Type of Completion		l some services of the service		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		1	Depth Casing Shoe	
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT	
V.	. TEST DATA AND REQUEST FO OIL WELL	RALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
			G-4x-Francisco	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	FOLIA	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
				\\\TGUITE \	
	MAY 2 6 1965				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Onderson. COM.	
	notice from the state of the st	,		DIST. 3	
	Testing Method (pitot, back pr.,	Tubing Pressure	Casing Pressure	Choke Size	
VI			<u> </u>		
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVEDMAY 9 6 1965	, 19	
	Commission have been complied with and that the information given		Original Signed	mery C. Arnold	
	above is true and complete to the best of my knowledge and belief.				
			TITLE Supervisor Dist. # 3		
	A Hill	tel.		compliance with RULE 1104.	
	(Signature)		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		
	District Office Supervisor		tests taken on the well in accordance with RULE 111.		
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	5 -24-6 5	the state of the s		Fill out Sections I. II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
(Date)			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.

Theodor Walder

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