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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator WILLIAM C. RUSSELL		
Address 745 Fifth Avenue New York, New York 10022		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	(after recompletion)
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lunt	Well No. 62	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. NM-09867-A
Location Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East				
Line of Section 18 Township 30 North Range 13 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Inland Corp.	Box 1528 Farmington, N. M.			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gathering Company	1800 First Int'l Bldg. Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18	Twp. 30N	Rge. 13W
	Is gas actually connected?		When (1962) After work- over, 1st Del 1-11-78	
	Yes			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded 8-11-61	Date Compl. Ready to Prod. After workover 1-11-78		Total Depth 6282		P.B.T.D. 6190			
Elevations (DF, RKB, RT, GR, etc.) DF 5635	Name of Producing Formation Dakota		Top Oil/Gas Pay 6036		Tubing Depth 6153			
Perforations 6036-58, 6100-10, 6130-34, 6140-48, 6158-66					Depth Casing Shoe 6270			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Repaired packer, ran new string 1 1/2" upset tubing (replacing 2 3/8")								
New tubing & packer landed 6153' Swabbed dry and blew to pit.								
Returned to production 1-11-78								

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 Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 208	Length of Test 3 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate 60.5
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 662	Casing Pressure (shut-in) 662	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

*William C. Russell*  
(Signature)  
Operator  
(Title)  
April 3, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 9 1979, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #2

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 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.