

F. Loc. 1650/N; 1790/E Elev. 6311 GL Spd. 6/16/52 Comp. 9/6/52 TD 5565 PB
 Casing 10-3/4 187W 150Sz. Int. @ W Sx. Pr. 7 @ 4880 W 440 Sx. T. @
 Csg. Perf. Prod. Stim.

Shot 1625 qts 4950-5565

I.P. 5452 BBL/DX MCF/D After 6 Hrs. Sic. P. 1080 PSI After 288 Days GOR Grav. 1st Del. 9/8/52 E.P.N.G.

TOPS		NTD	X	Well Log	X	TEST DATA						
Kirtland	2054	C-102		Flat	X	Schd.	PC	Q	PW	PD	D	AIL
Fruitland	2823	C-103		Electric Log	X							
Pictured Cliffs	3145	C-104	X	C-110	X	57	992	1419	531	496	1474	
Cliff House	4956					7-2-56	987	1349	575	494	1484	
Menefee	5053			Remarks								
Point Lookout												
Mancos												
Tocito												
Dakota												
Morrison												
Entrada												
Ped	3176											

P Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.
 Blanco MV Co San Juan s 32 T 31N R 8W U G Oper. Pubco Lse. State No. 7

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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

PUBCO PETROLEUM CORP.
MERGED INTO MESA PETROLEUM CO.
EFFECTIVE MAY 1, 1973

I.

Operator	
Address	
PUBCO PETROLEUM CORP.	
P.O. Box P, Aztec, New Mexico 87410	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	
From Plateau, Incorporated	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State Com. K	7	Blanco Mesaverde	State, Federal or Fee	
Location				
Unit Letter G ; 1650 Feet From The North Line and 1790 Feet From The East				
Line of Section 32 Township 31 North Range 8 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 Corporation	P.O. Box 1528, Farmington, New Mexico 87401	
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)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	32
		31N 8W

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Casinghead Gas			
Perforations								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
CEMENT								

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Field Foreman
(Title)
September 24, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1968
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #9

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 wells.

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