	_		/
DISTRIBUTION			/
SAN" A FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C
FILE ; 2	ACQUEUT.	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE			$\mathcal{I}_{I}}}}}}}}}}$
TRANSPOR ER GAS			
OPERATOR /			
PRORATION OFFICE			
Special of	011. 6 %		
, Aridrer's	Claude C. Kenned	<u>y                                    </u>	/ACTIV
1249 Chaco	Avenue Farmin	gton, New Mexico Other (Please explain)	OFI'HIM
Reason(s) for filing (Check proper bo	ox)	Other (Please explain)	WERFIAED
New Well. Recompletion	Change in Transporter of: Oil Dry Ga		DEC Disc.
Thange in Ownership	Casinghead Gas Conden	- i	9 1966
			OIL CON COM
If change of ownership give name and address of previous owner			<u>' '''                                </u>
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Fo	ormation Kind of Lea	14-20-603-
Deb	2-X Wildcat-D	ļ a = 1	Navaio
,ceat.un	u.i.i.ca v=p	ano ca	
Unit Letter <u>P</u> : <u>33</u>	O Feet From The South Lin	e andFeet From	The East
Line of Section 36 T	ownship 30 North Range 17	West , NMPM, Sa	n Juan Count
McWood Corp.  Tame of Authorized Transporter of C	ur.it Sec. Twp. Age.	Address Give address to which appr  Is gas actually connected? W	oved copy of this form is to be sent) hen
give 1.cotton of tanks.	P 36 30N 17W with that from any other lease or pool,	TSTM	
COMPLETION DATA			
Designate Type of Complet	ion - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Res
Sate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-27-66	12-9-66	760	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
5041 Gr.	Dakota	752	none Depth Casing Shoe
Perforations  Domfore-ted Nine 1	a 750 60 halos tambin	Declere O 750 50	
Ferrorated arppro	e 752-60 below Larkin TUBING, CASING, AND	CEMENTING RECORD	760
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4	5½	45	10
4 3/4	2 7/8	760	10 sacks above
	1		open hole Larkin
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of	packer 750-52 il and must be equal to or exceed top al
Oll. WELL  Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift, etc.)
		Flowing	
12-9-66 Length of Test	12-10-66 Tubing Pressure	Casing Pressure	Choke Size
17 hrs. Actual Prod. During Test			none Gas-MCF
	Oil-Bbls.	Water - Bbls.	
68 bbls.		none	TSTM
GAS WELL			
Actual Frod. 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
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I hereby cartify that the rules as	d regulations of the Oil Conservation	APPROVED /	2 - 12
Commission have been complied	with and that the information given the best of my knowledge and belief.	By lenny Cla	lend
in this and complete to	ne bear of my knowledge and Deilei.	N DI	

Operator

-- 12<del>-10-1966</del>

(Title)

(Date)

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.