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U.S.G.S.		
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

I. Operator
PUBCO PETROLEUM CORP.
Address
Post Office Box P, Artes, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletter. ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pubco State	Well No. 32	Pool Name, Including Formation Basin Dakota	Kind of Lease State
Location Unit Letter 0 ; 990 Feet From The South Line and 1500 Feet From The East Line of Section 36 , Township 30 North Range 11 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"/> Plateau, Incorporated	Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 30N	Rge. 11W	Is gas actually connected? No	When

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

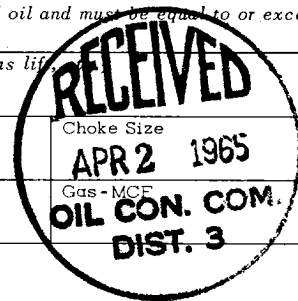
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>						
Date Spudded 2-13-65	Date Compl. Ready to Prod. 3-1-65		Total Depth 6,967'		P.B.T.D. 6,914'			
Pool Basin	Name of Producing Formation Dakota		Top Oil/Gas Pay 6,822'		Tubing Depth 6,703 KB			
Perforations 6822-60, 6761-75					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13 3/4" 8 3/4" and 7 7/8" 2 3/8"	CASING & TUBING SIZE 9 5/8" 5 1/2" 2 3/8"		DEPTH SET 286 KB 6,947 KB 6,703 KB		SACKS CEMENT 200 850			

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)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 4,079	Length of Test 3 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ---
Testing Method (pitot, back pr.) Choke	Tubing Pressure 2,084	Casing Pressure 2,082	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.

(Signature) **Glen O. Rhodes**
Field Foreman
(Title)
3-30-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 1 1965**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 3**

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 Sections I, II, III, and VI only 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.