		/			
	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE / c		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	AS CORP.	
	LAND OFFICE			JECO PETROLEUM CORP. JECO PETROLEUM CO. JED INTO MESA PETROLEUM JED INTO MESA PAY 1, 1973 JED EFFECTIVE MAY 1, 1973	
	TRANSPORTER OIL / GAS /			BCO PETROLES PETROLES BED INTO MESA PETROLES BETRECTIVE MAY 1, 1973	
	OPERATOR /	\dashv	br.	TO MAY TO ME MAY TO	
	PRORATION OFFICE	- 	MER	3EE FRECTIVE	
1.	Operator				
	PUBCO PETROLEUM CORP.				
	Address				
		P.O. Box P, Aztec, New Mexico 87410			
	Reason(s) for filing (Check proper b	ox)	Other (Please explain)		
New Well Change in Transporter of:					
	Recompletion	Oil Dry Go		Tracemorated	
	Change in Ownership	Casinghead Gas Conder	From Plateau,	Incorporaced	
	If change of ownership give name				
	and address of previous owner				
	DESCRIPTION OF WELL AND	N V ELAGE			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	State	32 Basin Dako	State Federal	CL Eee	
	Location	JE BABIN DERC	JUB .		
	Unit Latter O . OC	Feet From The South Lin	ne and 1500 Feet From T	he East	
	Onit Letter U ; 9	Line Line Line Line	1 001 1 1011 1		
	Line of Section 36	Cownship 30 North Range	ll West , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approve	James of this form in to be conti-	
	Name of Authorized Transporter of (or Condensate			
	Indand Corporation	D. C	P.O. Box 1528, Farmingt Address (Give address to which approve	on. New Mexico 87401	
	Name of Authorized Transporter of (
	El Paso Natural Gas (Unit Sec. Twp. Rge.	P.O. Box 990. Farmingto Is gas actually connected? When	n, New Mexico 87401	
	If well produces oil or liquids, give location of tanks.	1 - 1	is gas actuary someone.		
					
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
IV.	Oil Well Gas Well New		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Comple	tion - (X)			
	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	the new pepting	
Perforations Perforations				Cepth Cooks Shot	
			(A)	6, W.	
			D CEMENTING RECORD	A SACRE EMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	A COMMENT	
			 		
			+		
•	THE PART AND DESCRIPTION	EOD ALLOWARIE (Text and text	after recovery of total volume of load oil o	and must be equal to or exceed ton allow-	
V.	TEST DATA AND REQUEST OIL WELL	able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				G VGB	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
				<u> </u>	
	GAS WELL	1. 3	Phile Condensate A trick	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Snuc-in)	CHURC SIZE	
VI.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION SEP 26 1968		
			Original Signed by Emery C. Arnold		
	Commission have been complie above is true and complete to	d with and that the information given the best of my knowledge and belief.			
			SUPERVISOR DIST. #3		
			TITLE		

Field Foreman

September 24,

(Title)

1968 (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.

• 0.00