	1								
	NO. OF COPIES RECEIVED								
	DISTRIBUTION	ONSERVATION COMMI	SSION	Form C-104					
	SANTA FE	FOR ALLOWABLE							
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND N	ATUPAL C	Effective 1-1-	. ·			
	LAND OFFICE	A THE REPORT OF TRAINS ON THE AIR HATORAL GAS							
	TRANSPORTER OIL				-				
	GAS	,			TO VOY				
	PRORATION OFFICE								
	Operator			120		•			
	RA CRANE Jr.			100					
	Address	71 71 71 71 71	A 094-1	\'\' ,	$c = 1/\sqrt{1}$				
	Reason(s) for filing (Check proper box)	ON PARMINGTON, N.1	M 87401 Other (Please	explain	*				
	New Well	Change in Transporter of:			But Simple				
	Recompletion ·	Oil Dry Ga	• 🔲						
	Change in Ownership	Casinghead Gas Conden	sate		-	<u> </u>			
	If change of ownership give name								
	and address of previous owner			- 					
П.	DESCRIPTION OF WELL AND I	EASE							
	Lease Name	Well No. Pool Name, Including Fe	ormation	Kind of Lease	_	Lease No. 14-20			
	KING KONG	X SALT CROWN	DAKOLA	State, Federal	or Fee RED	0603-634			
	Location	- 5	107						
	Unit Letter : 180	Feet From The SLin	e and 182	_ Feet From T	he W				
	Line of Section A Tow	nship 30N Range	MAMM, MAM	L NAZ	(sa)	County			
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address)			An Annanal			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address)	Ma a h	ea copy of this form is	10 be sent)			
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address	o which approv	ed copy of this form is	to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	ed? Whe	n				
	give location of tanks.								
	If this production is commingled with	h that from any other lease or pool,	give commingling order	number:		····			
IV.	COMPLETION DATA	Gas Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.			
	Designate Type of Completion	n – (X)	1		; ; ; ;				
	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		Tubing Depth				
	Elevations (Dr., RKB, R1, GR, etc.)	Number of Producing 1 ormation	100 027 002 1 47						
	Perforations			<u>.</u>	Depth Casing Shoe				
		TUBING, CASING, AND	1		2.045.04				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CI	MENT			
			<u> </u>		i				
V.	TEST DATA AND REQUEST FO	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date Oil Oil								
		MAU 7 1974	purp						
	Length of Teet	Tubing Pressure	Casing Pressure	-	Choke Size				
	72 tws 24 hrs	*	Water-Bble.		Gas-MCF				
	Actual Prod. During Teet	он-вые. 98-33	29 A		TSTM				
	392	70 25							
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condense				
	,		Cooks Danson & charles	-(n)	Choke Size	-f:			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	j	CHORA SIZA	• *			
	CERTIFICATE OF COURT IANCE		011	CONSERVA	TION COMMISSI	ON			
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION SEP 20 19 20						
	A hereby certify that the rules and regulations of the Oil Conservation		APPROVED		<u>265 - </u>	<u>v, 19</u>			
/	Commission have been complied with and that the information given		Oni, we are						
- /	Commission have been compiled v	had he we becambeles and helled	1 506						
1	shove is true and complete to the	best of my knowledge and belief.	BY	SIIPE	RVISOR 1				
	above is true and complete to the	best of my knowledge and belief.	TITLE	SUPE	RVISOR Late				
	above is true and complete to the	best of my knowledge and belief.	TITLE	SUPE	RVISOR Delication and Ru	LE 1104.			
	above is true and complete to the	best of my knowledge and belief.	This form is t	SUPE	RVISOR Late	LE 1104.			

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.

(Title)

(Date)

fccounting

ſ	NO. OF COPIES RECE	IVED	160			
1	DISTRIBUTIO	N				
	SANTA FE					
	FILE		ĬZ.			
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL	1			
		GAS				
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	TASCO					
	Address					
	501 Airport dr S					
	Reason(s) for filing (Check proper box)					

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST F	PINSERVATION COMMISSION FOR ALLOWABLE AND ASPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
1.	Operator								
	TASCO								
	Sol Airport dr Suite 110, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New We!! Change in Transporter of:								
	Recompletion Oil X Dry Gas Change in Ownership X Casinghead Gas Condensate								
	change of ownership give name R.A. Crane Jr. Box 356 Fruitaland, New Mexico								
II.	DESCRIPTION OF WELL AND LEASE								
	Lease Name King Kong	1-X Salt Creek D		or Fee Navajo					
	Location			14-20-0603-639					
	Unit Letter L ; 18	00 Feet From The South Line	and 182 Feet From T	heWest					
	Line of Section 4 Tow	mahip 30 North Range 1	7 West , NMPM, S	San Juan County					
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s						
****	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv						
	The Permain Name o: Authorized Transporter of Cas	inghead Gas or Dry Gas	Box 1183 Houston, Texas Address (Give address to which approv	3 77001 ed copy of this form is to be sent)					
	1,441.0								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. L 4 30N 17W	Is gas actually connected? Whe	n					
		If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Date Spudded	Date Compl. Reddy to Prod.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations		<u> </u>	Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (on this death or he for full 24 hours)								
٠.	OII. WELL able for this de		pth or be for full 24 hours) Producing Method (Flow, pump fact)	CE STATE OF THE ST					
	Date First New Off Ruit to Tunks		8.4	(0)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 2 4 1070					
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF O					
	Dist. 3								
	GAS WELL		1	Gravity of Condensate					
	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 COMPLIAN	CE		TION COMMISSION					
* *	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.		APPROVED AUG	21 (18 , 19					
			By_Original Signed by A. A. Hendrick						
			''''	compliance with RULE 1104.					
	(Xalal	allett		Dengage to bellled utween a real alless					
	<i>y</i> , ,	ature)	well, this form must be accompanied by a tabulation of the deviation of th						
		c Operator (ite)	able on new and recompleted w	est be filled out completely for allow- ells.					
		1, 1978	must am only Continue I I	t till and VI for changes of owner,					
	(D	ate i	well name or number, or transporter, or other such change of condition.						