

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	3
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

Operator LYNCO OIL CORPORATION	
Address 7890 E. Prentice Ave., Englewood, Colorado 80110	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schumacher	Well No. 1	Pool Name, Including Formation Blanco Mersaverde	Kind of Lease State, Federal or Fee & Fee	Federal Lease No. SF 077764
Location Unit Letter K ; 1475 Feet From The West Line and 1450 Feet From The South				
Line of Section 18 Township 30N Range 10W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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 Co.	P. O. Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No

If this production is commingled with that from any other lease or pool, give commingling order number: Com Agr SW-733

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded Dec. 27, 1972	Date Compl. Ready to Prod. Feb. 3, 1973	Total Depth 5361	P.B.T.D. 5304					
Elevations (DF, RKB, RT, GR, etc.) 6282 RKB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4550	Tubing Depth 5241					
Perforations 4550-60, 4567-77, 5017-28, 5035-39, 5046-56, 5081-90, 5099-5106, 5139-43, 5147-52, 5175-79, 5253-60			Depth Casing Shoe 5356					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 1/2"	9 5/8"	137		130				
8 3/4"	7"	3019		150				
6 1/2"	4 1/2"	2945-5356		250				
	1 1/2"	5241						

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)

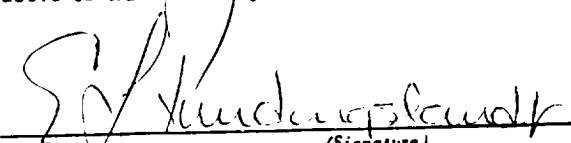
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 4408 AOF	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) Tubing Plugged	Casing Pressure (shut-in) 1050	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)  
Vice President  
(Title)  
April 30, 1973  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAY 3 1973, 19  
BY Original Signed by Emery C. Arnold  
SUPERVISOR DIST. #3  
TITLE

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.