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LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
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

I. Operator
Lynco Oil Corporation

Address
7890 E. Prentice Ave. Englewood, Colorado 80110

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schumacher	Well No. 2	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter E	1850	Feet From The North	Line and 790	Feet From The West
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.	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 Near Future

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.
		X	X					
Date Spudded 8-13-73	Date Compl. Ready to Prod. 8-30-73	Total Depth 2825	P.B.T.D. 2820					
Elevations (DF, RKB, RT, GR, etc.) 6149 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2675	Tubing Depth					
Perforations 2675,- 2689, 2707 - 2720			Depth Casing Shoe 2824					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8"	100'	Circulated					
2 7/8	6 3/4"	2824	200 sxs.					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
RECEIVED		
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OIL CON. COM. DIST. #3		
GAS WELL		
Actual Prod. Test-MCF/D 1283 MCF/D	Length of Test 3 Hrs.	Bbls. Condensate/MMCF None
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 504#	Casing Pressure (shut-in) 504#
		Gr. City of Condensate None
		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.

James M. Ray
(Signature)
Agent
October 16, 1973
(Date)

OIL CONSERVATION COMMISSION
MAR 11 1974, 19____
APPROVED _____
BY Original Signed by 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 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.