and the second of the second o	فالقائدة والمعاون والمعالية	_					1	
NO. OF COPIES RECEIVED	5							
DISTRIBUTION		_	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104		
SANTA FE	/	4	REQUEST	FOR ALLOWABLE	<u>-</u>	Supersedes Old		
FILE U.S.G.S.	-+/-	7		AND		Effective 1-1-65	i	
LAND OFFICE		_ AUTHO	DRIZATION TO TR	ANSPORT OIL AND) NATURAL GAS	•		
TRANSPORTER GA		-						
OPERATOR		-						
PRORATION OFFICE								
	PRODUCTI	ON COMPAN	Y					
Address 501 A1 :	cport Dr	ive. Farm	ington, New Me	xico 87401		-		
Reason(s) for filing (Chec					ise explain)			
New Well		Change ii	Change in Transporter of:					
Recompletion		Oil	Oil Dry Gds					
Change in Ownership		Casinghe	Casinghead Gas Condensate					
DESCRIPTION OF W. Lease Name E. R. Rillot Location	ELL AND		Pool Name, Including		Kind of Lease State, Federal or	Fee Sp	Lease No.	
	11.	۲n = .=	m Wambh .					
Unit Letter	; 	<u>uu</u> reetrio	m The North Li	088 bnb enl	Feet From The	West		
Line of Section 2	To	wnship 3	Range	9-W , NMF	om, San Tue	· · · · · · · · · · · · · · · · · · ·	County	
DESIGNATION OF T	DANCDAD'	TED OF OIL	AND NATURAL C	AC		_		
Name of Authorized Trans			ondensate		s to which approved	copy of this form is to	be sent)	
Plateau. Inc.				P. O. Box 108	l Verminston	New Yearles	10150	
Name of Authorized Trans	sporter of Car	singhead Gas	or Dry Gas	Address (Give addres	s to which approved t	copy of this form is to	be sent)	
El Paso Natura	1 Gas C			P. O. Box 990). Farmington	. New Merrico	87401	
If well produces oil or liq	uids,	Unit Sec	. Twp. Rge.	Is gas actually conne	cted? When	,	37 1 32	
give location of tanks.		<u>i</u>		No				
If this production is con COMPLETION DATA	_	th that from an	y other lease or pool	, give commingling ord	ler number:		· ·	
			Oil Well Gas Well	New Well Workove	r Deepen Pl	lug Back Same Res^	v. Diff. Restv.	
Designate Type of	Completio	on = (X)		Y		İ		
Date Spudded		Date Compl. F	leady to Prod.	Total Depth	P.	.B.T.D.		
5-29-76 Elevations (DF, RKB, RT			-2-76	Top Oil/Gas Pay		49681	<u> </u>	
GL 5816'	, GR, etc.,		icing Formation			ubing Depth		
Perforations 4170-96	1 A212	-291 A220	135' 426678	4170	ALLO EL 1 De	epth Casing Shoe		
4461-77', 4486-	90'. 44	94-4501'.	4755-821. 4790	, 4204-4300 , 3-98' ARDA-64'	4440~34 , 4872_84 !	50011		
	4908' x			D CEMENTING RECO				
HOLE SIZE		CASING	& TUBING SIZE	DEPTH	SET	SACKS CEME	NT	
12-1/4"			1/8" csg.	274'		289		
8-3/4"		7"	esg.	2920'		560		
6-1/4"			1/2" liner	2707-5001		380		
TEST DATA AND RE	QUEST F			after recovery of total vo		must be equal to or ex	ceed top allow-	
OIL WELL Date First New Oil Run T	o Tanke	Date of Test	able for this d	Producing Method (Fl.		(c.)		
Edia i Mai Man On Man 1			Transfer (1 too) panty and say		1			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		
						139		
Actual Prod. During Test		Cil-Bbis.		Water - Bbls.	Go	1976	6 i	
		<u> </u>			ĵ.			
GAS WELL							1/	
Actual Prod. Test-MCF/	D	Length of Tes	t	Bbls. Condensate/MM	ICF Gr	ravity of Condensate		
2690		4						
Testing Method (pitot, ba	ck pr.)		re(Shut-in)	Casing Pressure (Sh	rt-in) Cr	noke Size		
Back Pressure		549)	549		75		

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)

Area Adm. Supvr.

1.

II.

III.

IV.

V.

July 27, 1976

OIL CONSERVATION COMMISSION

APPROVED JUL 30 1875 , 19 - Original Signed by A. R. Kendrick

BY____

THE SHPERVISOR 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 weils.

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.

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.