ын но об Citype Brc	 Elveb	6	
भाउसाहरत)H		
SANTA LE		T	
FILL		7	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		7	
PROPATION OFFICE			
Operator W. P	. Car	r)	

I.

V.

SANTALE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-15	
FILL (1	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS	
LAND OFFICE				
TRANSPORTER GAS /		•		
OPERATOR 2]	•		
PROPATION OFFICE				
Operator (W. P. Carr)	•			
C & E Operators	, Inc.		· · · · · · · · · · · · · · · · · · ·	
6700 Forest Lan	e - Dallas, Texas 7	5 23 0	•	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change to Ourseable	Cil Dry Ga Casinghead Gas Conden			
Change in Ownership	Custinghead Gus [Conden	sate Derator Ch	angl	
If change of ownership give name and address of previous owner	WP Carr	,	<i>o</i>	
and address of previous owner				
DESCRIPTION OF WELL AND		ormation Kind of Leas		
Lease Name	Well No. Pool Name, Including Fo	State Federa	0 5	
Hamp ton Location	3A Blanco MV		Fee	
D 45	5 Feet From The West Lin	e and 700 Feet From	The North	
Unit Letter D ; 63	<u></u>			
Line of Section 10 Tov	vnship 30N Range	11W , NMPM,	San Juan - County	
		6		
Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA [X] or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)	
Plateau, Inc.		Box 108 - Farmington	n. N.M. 87401	
Name of Authorized Transporter of Cas	singhead Gas 📉 or Dry Gas 🗔	Address (Give address to which appro-		
El Paso Natural Gas		Box 990 - Farmington		
If well produces cil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
give location of tanks.	D 10 30N 11W	No	In 1 Week	
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completio	4 1	X	t !	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-16-1977 Elevations (DF, RKB, RT, GR, etc.,	12-31-1977 Name of Producing Formation	4842 Top Oil/Gas Pay	4822 Tubing Depth	
Elevations (DP, KKB, KT, GK, etc.)	Blanco MV	4498	4707	
Perforations 4498 - 4504 -	4508 - 4512 - 4520 - 452		Depth Casing Shoe	
	4672 - 4677 - 4684 - 472	26 - 4758	4825	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	300'	SACKS CEMENT 275 Sacks - Class B	
13-3/4 8-3/4	9 5/8	2350'	50 Sacks - Class B	
6-1/4	4 1/2	4750'	370 Sacks - Class B	
	2 3/8	4700 '		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li)	(t, etc.)	
Late First New Cit Hair 10 1 diks				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
	<u> </u>			
GAS WELL NO TE	2 CM			
GAS WELL NO TE	Langth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Six	
		1115 7 day		
CERTIFICATE OF COMPLIANC	CE .	OIL CONSERVA	TION COMMISSION	
	Lating of the Oil Consequetion	APPROVED	, 19	
Commission have been complied w	APPROVED amiasion have been complied with and that the information given we is true and complete to the best of my knowledge and belief. SUPERVISOR FOOT. #2			
above is true and complete to the				
11116			or all and ± s = #€	
Bral 1	5-1	This form is to be filed in compliance with RULE 1104.		
n who	weo	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		
(Signa	·	tests taken on the well in accordance with RULE 111.		
Age (Tu	ent le	All sections of this form must be filled out completely for allow-		
	(Title) able on new and recompleted wells. 4/12/78 Fill out only Sections I, II, III, and VI for changes of recompleted wells.			
(Date) well name or number, or transporter, or other such change of				
		Separate Forms C-104 must completed wells.	t be filed for each pool in multiply	