	HO. OF COPIES RECE	IVED		
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Ì	SANTA FE			
	FILE			
	U.\$.@.\$.			
	LAND OFFICE			
	TRANSPORTER	OIL		
1	I RANSFORTER	GAS		
	OPERATOR			
	PRORATION OFFICE			_
	Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	REQUEST FOR ALLOWABLE  Supersedes Vid C-104 and C-11.0  Effective 1-1-65					
FILE	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL	CAS			
U.S.G.S.	AUTHORIZATION TO TRA	NISPORT OIL ARD NATURAL	0A3			
OIL						
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE						
Operator C & W Operators	Inc.					
Address	C & E Operators, Inc.					
Two Energy Square	e - Suite 1100 - 4849 Gre	eenville Ave Dallas,	Texas 75206			
Reason(s) for filing (Check proper box		Other (Please explain)				
New Well	Change in Transporter of:	_	1			
Recompletion	OII Dry Go	一一				
Change in Ownership	Casinghead Gas Conde	issue				
If change of ownership give name						
and address of previous owner						
II. DESCRIPTION OF WELL AND	LEASE	Cormation Kind of Lea	se Lease No.			
Lease Name	Well No. Pool Name, Including F	State, Feder	or Fee			
Fee	8 Blanco MV	E fet	Fee			
Location	O Feet From The <b>North</b> Lin	790 Feet From	The <b>East</b>			
Unit Letter H ; 2280	Feet From The NOI LI	ne and reet rion				
Line of Section 8	ownship 30N Range	11W , NMPM,	San Juan County			
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)			
Name of Authorized Transporter of Of	🖈		d. N.EAlbuquerque, NM			
Plateau, Inc. Name of Authorized Transporter of Co	usinghead Gas 😿 or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)			
El Paso Natural Gas C		Box 990 - Farmington,	N.M. 87401			
If well produces oil or liquids,	Unit Sec. Twp. Ege.		'hen			
give location of tanks.						
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.			
Designate Type of Complet						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
1/22/81	6/26/81	4745'	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth			
	Blanco MV	28301	29731 Depth Casing Shoe			
Perforations			Deput Gasting bills			
2830' to 4612'	TURING CASING AN	ID CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
12-1/4"	9-5/8"	2651	175			
8-3/4"	7"	47441	775 - 2 stages			
353/4	2-3/8"	3973'				
			il and must be equal to or exceed top allows			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)	il and must be equal to or exceed top allow-			
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Strain 1982			
		Water - Bbls.	OIL DIST.			
Actual Prod. During Test	Oil-Bbis.	114,01 23.13.	JOH . CO.			
			OIL DIST.			
CAR WELL			0 0			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	1131	1131	VATION COMMISSION			
VI. CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		VATION COMMISSION			
	Chereby 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.  A R Change for Interest (Signature)		2 1982			
			BY Original Signed by FRANK T. CHAVEZ			
above is true and complete to t						
			筆 3			
			in compliance with RULE 1104.			
1 -0 (			Denenged or despendent			
1 isi			If this is a request for sllowable for a newly difficult well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
V	(orginal a)		must be filled out completely for allow			
Age	Hite)	li abia on new and recompleted	Metre.			
			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.			
6/1	<b>17-8-2</b>	Separate Forms C-104 m	nust be filed for each pool in multiply			
		completed wells.				