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DISTRIBUTION			
SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
PRORATION OFFICE			
Operator			
Ralph & G	. Abi	ott	: <u> </u>
Address			
D 0 Do-	1200		Tare

110

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-1			
	FILE /	KEQUESI	AND		ective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR		URAL GAS				
	LAND OFFICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OTTIL ON				
	TRANSPORTER OIL							
	GAS							
	PRORATION OFFICE							
I.	Operator			<del></del>				
	Ralph & G. Abbott	de TASCO.						
	Address 87004							
	P.O. Box 1200	P.C. Bott 1200 Farmington, New Merico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:	omer (1 rease exp	,				
	Recompletion	Oil Dry G	as 🔲					
	Change in Ownership	Casinghead Gas Conde	ensate					
	If change of ownership give name		5 to 7 157 153	Description	W 11			
	and address of previous owner		ctroleum Flaza Log	. Farmington,	Rew Lexico			
	DESCRIPTION OF WELL AN	D I FACE			07-201			
11.	Lease Name	Well No. Pool Name, Including F	Formation Kin	d of Lease	Lease No.			
	Ute Mtn. "B"	1 Verde Callu	ID Stat	e, Federal or Fee	Fed NM 238			
	Location		4000					
	Unit Letter E ; 10	Feet From The North Li	ne and <u>1980                                    </u>	eet From TheEa	<u>5t</u>			
	Line of Section 29	Township 31 North, Range 15	Nest , NMPM,	San Juan	County			
	Line of Section 27	Township 92 1.00 0225 Frenge 2.5	<u>, , , , , , , , , , , , , , , , , , , </u>					
111.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of (		Address (Give address to wh					
	The Fermian Corporat		P.O. Box 1183 H					
	Name of Authorized Transporter of	Cashighed Gas C. D., Gas C.	//dd.ces (offic address to an	,	,,			
	Maria di sa Maria	Unit Sec. Twp. Pige. Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks. 2 29 31N 15N No							
	If this production is commingled	with that from any other lease or pool,	give commingling order num	nber:				
	COMPLETION DATA	Oil Well Gas Well			Same Res'v. Diff. Res'v.			
	Designate Type of Comple	tion = (X)	The work of the state of the st	I	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.	Clevations (DF, RKB, RT, GR, etc., Name of Producing Formation		Top Oil/Gas Pay Tubing Depth				
				Depth Casi	ng Shoe			
	Perforations Depth Cosmig since							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	S	ACKS CEMENT			
v.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of	load oil and must be e	qual to or exceed top allow-			
•	OIL WELL	able for this d	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		· 1			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Longin of 1001							
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of C	Condensate			
	Actual Flod: 1001-Mc17D	Zeng.ii e ee.						
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CON	SERVATION COL	MISSION			
			APPROVED JUL	11 13//	, 19			
	Commission have been complied	d regulations of the Oil Conservation with and that the information given		on the same of the same of	150			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY ORIGINAL SIGNSDEED WES MAANEL JR  TITLE PATROLLING FLOOR MAD DEST NO. 3					
Operator (Signature)			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	All sections of this form must be filled out completely for allow-
				•	Tizle)	able on new and recompleted wells.  Fill out only Sections I, II, and VI for chan		
	July 6, 1977	Date	well name or number, or	transporter, or other s	uch change of condition.			
(Date)			Separate Forms C-104 must be filed for each pool in multiply					

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.