NO. OF COPILS RECESTED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
OIL	1	
GAS	1	
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL 7

II.

HI.

IV.

v.

SANTA FE /		FOR ALLOWABLE AND	Firm -104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
IRANSPORTER OIL 1 GAS / OPERATOR /		÷		
PRORATION OFFICE		,		
- Leader	i			
BENSON -MONTH	IN-GREER DRILLING COR	· ·		
Attress	EV-GIEDRE DITTION GOVE	L •		
221 Petrole	um Center Building F	armington NM		
Reason(s) for filing (Check proper be	N.	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion.	Cil Dry Ga	rs		
Change in Ownership X	Casinghead Gas Conder	nsate		
If change of ownership give nameand address of previous owner	Engineering & Product	ion Service, Inc. I	Box 190 Farmington NM	
DESCRIPTION OF WELL AND Leane Name	Vell No. Pool No.	me, Including Formation	Kind of Lease Indian	
Ute Mountain	#5 V er	rde Gallup	State, Federal or Fee Federal	
Location	¥ \$4		reuctal	
Unit Letter 0 ; 19	980 Feet From The East Lin	se and <u>660</u> Feet Fro	om The South	
Line of Section 21 , T	ownship 31N Range 1	W NMPM, Sa	an Juan County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA			
Name of Authorized Transporter of C	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
Shell Gil Gempar		Box 1588 Farming	rton, NM	
Name of Authorized Transporter of C	dasinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
			1.0	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	E 22 31N 14W	No		
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Cil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet	ion = (X)	New Well Workover Deepen	Find Sack Same New V. Bill. New V.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date opuded	Date compi. Weday to 1 roa.	Total Depth		
Fool .	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			6,0	
			/ 37	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-	
OIL WEI.L	able for this de	opth or be for full 24 hours)	1	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etck OIL CON. COM.	
			DIST 3	
Length of Test	Tubing Pressure	Casing Pressure	Choke She	
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF	
a.a				
Astual Fired, Test-MCF (D.	Langth of Tost	Rh's Contoneate AUCT	Gravity of Condo-c	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Tacting Mathe 1 /nic at Last and	Tukir - Dragging	Cavina Droveyro	Choka Siza	
Testing Methol (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		1		
CERTIFICATE OF COMPLIA	NCE	14	VATION COMMISSION	
		.1	0 0 48 W E	
• • • • • • • • • • • • • • • • • • • •		ADDROVES	IN 2 879/4	
	I regulations of the Oil Conservation with and that the information given		JN 2 81974	
Commission have been complied	I regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.		JN 2 879/4 igned by Emery C. Arnold	

VI.

Vice-President
6-26-74

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 Sections I, II, III, and VI only 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.