DISTRIBUTION	2		'	
ANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
ILE	REQUEST	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C-1		
		AND	Effective 1-1-65	
J.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR 2				
PRORATION OFFICE				
Operator	LARA	7		
Address	1	corporation		
209 W	endear Cu	M. Bulling.	mx. 59101	
Reason(s) for filing (Check proper	box)	Other (Please explin)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry G	as ensate		
If change of ownership give nam		< 0.		
and address of previous owner_		a cherry	9	
Lease Name	Well No. Pool Name, including I		e Legase No.	
Location 12	A 7 Verde	Gallup State, Federa	10 Fee 604-87	
1771	70 Feet From The 5 Li	•	The //	
Line of Section	Township 31 N Range	15W, NMPM,		
			SAN SwaN County	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which appro	ned conv of this form is to be sent	
10.00 4		5/	1 41.	
Name of Authorized Transporter of	Dasinghead Gas or Dry Gas	Address (Give address to which pro-	ned convol the former fell ce	
	<b>y</b> — —		ou copye, and joines to be sem,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  M 22 31 N 15U	Is gas actually connected? Whe	en	
If this production is commingled . COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Comple	etion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<b>X</b>	
1/9/50	· / · · ·	2452	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top Oil/Gas Pay	Tube of David	
G.L. 5895	Callup	2358-2452	Tubing Depth	
Perforations	Panap	4338-6732	Depth Casing Shoe	
			2357	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	5/17"	2357	140	
	8 5/8	102	80	
TEST DATA AND REQUEST		fter recovery of total volume of load oil o	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)		
1/8/58	7/5/-5	Producing Method (Flow, pump, gas lif	t, etc.)	
langh of Tag	Tubing Pressure	Carlos Di Lempo	co y	
24 hrs	turing Libeania	Casing Pressure	Choke bize	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
11 B.B.L.		$\mathcal{O}$		
CAC HIDY Y				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Condensate Concentration		
ASSESS FIGG. 1881-MCF/D	Length of lest	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
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.		OIL CONSERVATION COMMISSION		
		OTE CONSERVATION COMMISSION		
		APPROVED 19 19		
			by FRENK T CHAYEZ	
above to two and assets	the best of my transfer	BYBY	a light fraction of a comparison	

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Senerate Forms C-104 must be filed for each pool in multiplu