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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Operator C & E Operator's, Inc.	
Address 170 One Energy Square, 4925 Greenville Avenue, Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in name of Operator
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
	Change in Transporter of:
	Oil <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ~~operator~~ give name and address of previous owner **W. P. CARR, 6700 Forest Lane, Dallas, Texas 75230**

DESCRIPTION OF WELL AND LEASE					
Lease Name Larcher	Well No. 1-A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Fee	Lease No. 58312
Location					
Unit Letter C : 1044 Feet From The 27 Line and 1847 Feet From The W					
Line of Section 7 Township 31N Range 10W , NMPM, San Juan County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.			P. O. Box 108, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.			P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	1-A	7	31N	10W	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
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.	
W. Paul Carr &	
President	(Signature)
April 10, 1978	(Title)
	(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19	
BY Original Signed by A. L. T. Chavez	
TITLE DEPUTY OIL & GAS SUPERVISOR, DIST. #13	
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 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.	