NO. OF COPIES REC	EIVED	
DISTRIBUTION		\prod_{-}
SANTA FE		
FILE		
U.\$.G.\$.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE U.S.G.S.	- · · · · · · · · · · · · · · · · · · ·	AND			
	LAND OFFICE	_ AUTHORIZATION TO TR	RANSPORT OIL AND NATUR	AL GAS		
	OIL OIL	7				
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator	stmalaum Campamatian		/ habited a second		
	Address Pe	troleum Corporation		OCT 1 8 195		
	1	treet, Suite 1010; Denve	er, Colorado 80295	00120		
	Reason(s) for filing (Check proper bo		Other (Please explain,	COL CUIT		
	New Well	Change in Transporter of:	_	Dig. 1 o		
	Recompletion	Oil Dry G	Gas 🔲	The second secon		
	Change in Ownership X	Casinghead Gas Cond	ensate			
	If change of ownership give name	Summer Francis Comment	iona B. O. Bass god. E	Saminatan Nasa Mania - 6010		
	and address of previous owner	Supron Energy Corporat	.10n; F. O. Box 808; F	Yarmington, New Mexico 8740		
	DESCRIPTION OF WELL AND	IFACE				
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of	Lease No.		
	Rawson	2 Aztec Picture	ed Cliffs State, F	ederal or Fee Fee		
	Location					
	Unit Letter B ; 9	95 Feet From The North Li	ine and 1520 Feet F	From The East		
	Line of Section 35 To	ownship 31 North Range	12 West , NMPM, S	an Juan County		
			••			
1.	Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	Address (Give address to which	approved copy of this form is to be sent)		
	Ruine of Additionated Transporter of St		,			
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 🛣	Address (Live address to which	ilonal Bidg.; Dallas, Tx		
	Southern Union Gather		75270 Attn: Mr. R	l. J. McCrary		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
	give location of tanks.		No	<u> </u>		
	If this production is commingled w	ith that from any other lease or pool	, give commingling order number	:		
	COMPLETION DATA					
	Designate Type of Completi	on - (X)	New Well Workover Deepe	Plug Back Same Restv. Diff. Restv.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Date Compt. Meday to Fica.	10.2. 200	1.1.2.1		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
٠	THE DAMA AND REQUEST E	COP ALLOWARIE (Test must be	after recovery of total volume of lon	d oil and must be equal to or exceed top allow-		
γ.	TEST DATA AND REQUEST FOIL WELL		lepth or be for full 24 hours)			
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	as lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbls.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bare.			
1						
	GAS WELL					
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
ĺ						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Į			1			
1.	CERTIFICATE OF COMPLIAN	CE	CONSEI	RVATION COMMISSION		
			APPROVED 181	(100)		
	Commission have been complied :	regulations of the Oil Conservation with and that the information given		1 111 197		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. UNION TEXAS PETROLEUM		BYSUPERVISOR DISTRICT # 3			
			TITLE			
Hudy D. Motto (Stanasure)			This form is to be filed in compliance with RULE 1104.			
			Il	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		
Field Operations Manager			tests taken on the well in accordance with RULE 111.			
(Title)			able on new and recomplete	m must be filled out completely for allowed wells.		
	October 14, 1982		Fill out only Sections	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.		
(Date)			well name or number, or tran	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
			Separate Forms C-104 completed wells.	must be inted for each pool in muniply		
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