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DISTRIBUTION			
SANTA FE		17	
FILE		1	سنسا
U.S.G.S.		-	
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR		2	
PRORATION OFFICE		ľ	
Operator		•	•

(Title)

(Date)

2/23/67

SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE]	REQUES	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TI	RANSPORT OIL AND NATURA	I GAS	
LAND OFFICE			_ 0/10	
TRANSPORTER OIL /				
OPERATOR 2				
PRORATION OFFICE	- 			
Operator				
Exploration Drill:				
Address 1909 First Nat	ional Building - Tulsa,	Oklahoma 74103		
Reason(s) for filing (Check proper b	XBOX MOROEX XDEDEDED CX COX CO	3665XX 80293K		
New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil X Dry	Gas		
Change in Ownership	Casinghead Gas Cond	densate EFFECTIVE	MARCH 1, 1967	
If change of ownership give name				
and address of previous owner				
II DESCRIPTION OF WELL AND				
II. DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including	Formation Kind of L	ease Lease No.	
Navajo	3 Mark Mark	Gallup State Fac	dergi or Fee	
Location		G	Tribal	
Unit Letter N ; 7	60 Feet From The South L	ine and 2080 Feet Fr	om The West	
Line of Section 24	Township 32N Range	184 , NMPM,	Juan County	
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL O	248		
Name of Authorized Transporter of 0			proved copy of this form is to be sent)	
THE PERMIAN CORPOR	RATION	P. O. BOX 3119, M		
Name of Authorized Transporter of (Address (Give address to which ap	proved copy of this form is to be sent	
Gas insufficient t	o warrant connection			
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When	
give location of tanks.		No		
If this production is commingled V. COMPLETION DATA	with that from any other lease or poo	1, give commingling order number:		
[Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tub (a. a. Danah	
Lievations (DF, RRB, R1, GR, etc.	, Name of Producing Formation	Top On/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWARLE (Text must be	after recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL	able for this	depth or be for full 24 hours)	•	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	- FRANCE	
Length of leaf	Tubild Liessme	Cusing Freesan	SCEINFD /	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	/ Kalster	
			2 1967	
4			MAR 3 1967 MAR 3 1967 CON. COM.	
GAS WELL			COP	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Charity of Sald geate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore	
Totally marine (proof, been pit)				
I. CERTIFICATE OF COMPLIA	NCE.	OII CONSED	VATION COMMISSION	
CLUTTIONIE OF COMPLIA		MAR 1 3 19		
I hereby certify that the rules an	d regulations of the Oil Conservation	n APPROVED	jb/, 19	
Commission have been complied with and that the information given above is true and complete to the lest of my knowledge and belief.			. П	
		BY Original Signed by Entery C. Arnold TITLE SUPERVISOR DIST. 45		
		TITLE DUPERVISION SE		
	arrig		in compliance with RULE 1104.	
		If this is a request for al	lowable for a newly drilled or deepened spanied by a tabulation of the deviation	
R. E. Kierig, S	ecretary /	tests taken on the well in ac	cordance 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.