NO. OF COPIES RECE	IVED		
DISTRIBUTION		5	
SANTA FE			
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSPORTER	GAS	1	
OPERATOR		1	
			1

+	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
1	FILE 1 4	REGUEST	AND	Effective 1-1-65	
f	U.S.G.S.	AST CT NOITAZISOHTUA	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE				
	TRANSPORTER OIL /				
	GAS /	_			
-	OPERATOR /				
I.	PRORATION OFFICE Operator				
ł		stroloum Corporation			
}	Address				
ļ	Security Life H	uilding, Benver, Colorado	80202		
	Reason(s) for filing (Check proper bo	ox)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga:	声 !		
	Change in Ownership	Casinghead Gas Conden	nsate		
	If change of ownership give name				
	and address of previous owner				
17	DESCRIPTION OF WELL ANI	D I FASE			
II.	Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease Federal	
	Ute Mountain Tribal	wgw 1 Uta	Dome Paradox	State, Federal or Fee	
	Location				
	Unit Letter;;	790 Feet From The Lin	e andFeet From '	The	
				Q	
	Line of Section 33	Township 328 Range	, NMPM,	County County	
	,	AND NATURAL CA	a a		
III.	DESIGNATION OF TRANSPO Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)	
	Name of Authorized Transporter of G	Casinghead Gas or Dry Gas	Rox 108 Parming ton, Address (Give address to which appro	ved copy of this form is to be sent)	
		•	Box 990 Farmington, 1	iem Mewico	
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	If well produces oil or liquids, give location of tanks.	33 32N 1AN	No.		
		with that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			Det Deste Deste	
- • •		oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Comple		X	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
	2/23/66	5/17/66	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.	·			
	6700 ROB, 6686 GR	Pennsylvania	8548	Depth Casing Shoe	
		8908, 9058-9106, 9150-9225		9308	
	6,748-90, 8000-	TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	174"	13 3/8	A13	400	
	112	8 5/8**	4750	1000	
	7 7/8 ^M	SI-H	9300	1050	
		2 1/16"	9230	<u> </u>	
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Date 1 list New Oil Mail 10 1 dies			PEILED !	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				KLUE.	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF 10N1 1966	
				JOH COM.	
				OIL CON. COM.	
	GAS WELL		Die Gesternets (A) (CE	Gravity of Sondensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	5238	3 hrs	Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure		2/44	
	Back Pressure	436	(Packer set at 8490) OIL CONSERV	ATION COMMISSION	
VI	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.		APPROVED JUN 2	1966 , 19	
			· BY		
			SUPERVISOR DIST. #3		
	ORIGINAL SIGNED BY D. I. TOLLEFSON Signature Administrative Assistant		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.		
			tests taken on the well in acco	ordance with RULE III.	
		(Title)	All sections of this form mable on new and recompleted v	ust be filled out completely for allow- vells.	
	May 26, 1966		Eill out only Sections I	II. III. and VI for changes of owner,	
			well name or number, or transpo	rter, or other such change of condition	

(Date)

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.