NO. OF COPIES RECE	IVED		7	
DISTRIBUTIO	NC			
SANTA FE		1		
FILE		/		
U.S.G.S.				AUT
LAND OFFICE				
	OIL	1		
IRANSPORTER	GAS	/_		
OPERATOR				
PROGRATION OF	FICE	İ		
Operator				
i a canada	il.			
Address				
P. O. Dra	war 5	70,	Fari	mington
Recson(s) for filling	(Check	prope	r box)	
New Well				Chang
Resompletion				011
Change in Ownershi	F.]			Casin
If change of owner and address of pre-	ship giv	e na wner	me	
DESCRIPTION C	F WEI	L A	NOL	EASE
Lease Name				V. e 11
Hubbard				#2
Lecation				
	M		990	

(Title)

(Date)

1 2 /6

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Congression Old C-104

SANTA FE /		OR ALLOWABLE	Effective 1-1-65			
FILE /	 {	AND				
U.S.G.S.	- AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS				
LAND OFFICE	-					
IRANSPORTER GAS /						
	_					
PROBATION OFFICE						
Operator						
12	· , · · · · · · · · · · · · · · · · · ·					
Address			*			
P. C. Drawer 570, Fa	urmington, New Mexico 874	01				
Recson(s) for filling (Check proper bos	x)	Other (freese explain)	, I			
New Well	Change in Transporter of:		:			
Recompletion	Oil Dry Gas		İ			
Change in Ownership.	Casinghead Gas Condens	icie Ci				
If change of ownership give name	•					
and address of previous owner						
	a variable					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
Hubbard	#2 Blanco Mes	saverde State, Federal or	Fee Federal SF-07831			
' cation						
' M 9	90 Feet From The South Line	and 990 Feet From The	West			
Unit Letter			Con Trops			
Line of Section 11 T	ownship $32~ ext{North}$ Range 1	12 West , NMPM.	San Juan County			
DESIGNATION OF TRANSPOR	RITER OF OIL AND NATURAL GAS	S Address (Give address to which approved	copy of this form is to be sent)			
Name of Authorized Transporter of O	11 or Congensate (A)	P. O. Box 108, Farmington				
Plateau, Inc.	Day 200 X	Address (Give address to which approved	copy of this form is to be sent)			
Name of Authorized Transporter of C	asinghead Gas or Dry Gas A	Fidelity Union Tower, Da				
Southern Union Gath		Is gos cotually connected? When	1103, 10103			
If well produces oil or liquida,	Unit Sec. Twp. Inge					
give location of tanks.		i dia ada purber				
If this production is communicated a	with that from englother lease or pool, g	give commissing order assists				
. COMPLETION DATA		New Well Workever Deepen	L. Back Same Recht. Diff. Restv.			
Designate Type of Complet	$\operatorname{den} = (X)$	1				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.E.T.D.			
		D. B. O. C. O. A. T. TV				
18 * 18 18 18 18 18 18 18 18 18 18 18 18 18	Neme of Fred comm Estadate.	- They Only Cons. Rey.				
	en en en en en en en en en en en en en e		en en en en en en en en en en en en en e			
and the same of th		<u></u>	.			
			and the second s			
		. The second sec				
	TOTAL ATT OWNER OF A CONTROL OF A	fter recovery of total volume of load oil an	d must be equal to or exceed top allow			
TEST DATA AND REQUEST OIL WELL	able for this de	epth of be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etz.j			
			Choke Size			
Length of Test	Tubing Pressure	Casing Preseute				
		Wener-Ab.e.	Gos - MCF			
Actual Prod. During Test	Oil-Stis.	versi-mp.s.	1			
GASVELL	A Frank	Bels. Condensme/MMCF	Gravity of Gondenecte			
Actual Prop. Test-MOF/D	Length of Test					
Testing Method (pitot, back pr.)	Tubing Pressure (Ebst-in)	Coming Pressure (Shut-in)	Chore Size			
; esting we had (pitol, buck pr.)						
CONTROL OF COUNTY WAYOR		OIL CONSERVAT	TION COMMISSION			
I. CERTIFICATE OF COMPLI	ANCE		**			
t hands a said at a standard of	nd regulations of the Oil Conservation	ALL NOTED	, 19			
			ed by A. R. Kendrick			
above is true and complete to	the best of my knowledge end belief.	SUPERVISOR	nist 48			
		TITLE				
	d	This form is to be filed in c	ompliance with RULE 1104.			
	an Katan		the for a newly drilled or deepens			
	Signature)	well, this form must be accompan	sence with RULE 111.			
District Production Mgr.		All sections of this form mus	All sections of this form must be filled out completely for allow			
			T T			

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.