NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		17	
FILE		1	
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		2	
PRORATION OFFICE			

II.

III.

IV.

110

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C	
SANTA FE	REQUEST	FOR ALLOWABLE Supersades of the and C		
FILE / -		AND		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	OLG TALL	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
I OIL	\dashv			
TRANSPORTER GAS /				
OPERATOR 2	-		OIL CON. COM.	
PRORATION OFFICE	_		DIST. 3	
Operator			7000	
Pubco Petroleum Co	orporation		PETROLEUM CO.	
Address			DELINOTEUM OF	
	buquerque, New Mexico 8710	Other (Please explain)	NTO MESA PETROLEUM CO. NECTIVE MAY 1, 1973	
Reason(s) for filing (Check proper be	ox)	Other (Please explain)	CIIV-	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go			
Change in Ownership	Casinghead Gas Conder			
Onlinge in Ownership	Conde	issute		
If change of ownership give name and address of previous owner		_		
DESCRIPTION OF WELL AND Lease Name	D LEASE Well No. Egol Name, Including F	ormation Kind of Leas	se Lease No.	
Federa1	Undesignated	, i	20200	
	17 Pictured Cliff	Fa State, Feder	Glor Fee Federal SF-07811	
Location				
Unit Letter N ; 10	90 Feet From The South Lin	ne and 1850 Feet From	The West	
Line of Section 30 T	ownship 32N Range	11W , NMPM, San J	uan County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	IS		
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
None				
'Name of Authorized Transporter of C	Casinghead Gas or Dry Gas X	Address (Give address to which appro	eved copy of this form is to be sent)	
El Paso Natural Ga		P. O. Box 1492, El Pas		
BI 1880 Natural Ga	Unit Sec. Twp. Rge.		nen	
If well produces oil or liquids, give location of tanks.	omt joec. Two. Tige.		1011	
9. ************************************		No		
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Complet	$x_{ion} = (X)$!	Plug Back Same Res-V. Diff. Res-V	
	X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1/3/69 Elevations (DF, RKB, RT, GR, etc.)	4/17/69	3200 K.B.	3166' K.B.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
6479' Gr., 6491' K.B.	Pictured Cliffs	3098' K.B.	3031' K.B.	
Perforations			Depth Casing Shoe	
3098-3120 3126-3130	o', 3142-3148', 3156-3164'		3172' K.B.	
3070 3120 ; 3120-3130			JIIZ K.D.	
	T	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4	8-5/8, 24.0#	114' K.B.	75 sx Class A	
6-3/4	3-1/2, 7.70#	3172' K.B.	360 sx 50/50 Poz. w/8%	
			Gel. & 50 sx Class C	
	1.660", 2.33#	3031' K.B.		
TEST DATA AND PROJEST 1	FOR ALLOWABLE (Test must be a)			
OIL WELL		pth or be for full 24 hours)	and must be equal to or exceed top ditou	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
•				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	1	`		
		1		
CAC MET T				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Condensate Control	Complete of Complete	
,	-	Bbls. Condensate/MMCF	Gravity of Condensate	
1951	3 Hours	-0- Casing Pressure (Sheet in)		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shub-in-)	Choke Size	
Back Pressure	109 PSIG	475 PSTG	3/4"	
CERTIFICATE OF COMPLIA			ATION COMMISSION	
	1		,	
I haveby acutify that the miles - 1	Learning of the Oil Company	APPROVED	MAY 2 3, 1969	
	regulations of the Oil Conservation with and that the information given	original Signed by Emery C. Arnold SUPERVISOR DIST.		
	he best of my knowledge and belief.			
	!	TITLE DISIL #8		
Ω	$I \wedge OI$	This form is to be filed in compliance with RULE 1104.		
			-	

Donald C. Walker		
(Signature)		
District Engineer (Title)		
(Title) 5/14/69 (Date)		

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.