	WO. OF COMIES RECEIVED	7		
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Sam 6 10
	SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
	FILE		AND	Effective 1-1-55
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		GAS	
	TRANSPORTER GAS /			
	OPERATOR 3			
I.	PROPATION OFFICE		· · · · · · · · · · · · · · · · · · ·	
	Operator		TO LOS LOS PROFES	
	Address Contact of Con			
	Reason(s) for filing (Check proper box) Other (Piease explain)			
	New Well Change in Transporter of:			
	Recomplesion Cil Dry Gas Name change			
	Change in Cwinership Castinghead Gas Condensate			
	If change of ownership give name			
	and address of previous owner			
* 1	DECORPORAL AN HOLE AND	. v m ago		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.
	Culpepper Marti	n 4-A Blanco Mes	a Verde State, Federal	_
	Lecation	II N DIUNCO IIOS.	a verue	100
	Unit Letter E	1470Feet From The North	ne and 820 Feet From T	che West
			The state of the s	
	Line of Section 2.8 T	ownship 32N Range	12W , NMPM, San Ju	ian County
111.	Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	AS Address (Give address to which approv	ed copy of this form is to be sent)
	Plateau, Inc.			•
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)	
	Southern Union		Box 1899, Bloomfiel	d. New Mexico
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	
	give location of tanks.			
If this production is commingled with that from any other lease or pool, give commingling order number:				
1 ¥.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Complet	ion - (X)		1 1
	Date Spudded	Date Comp!. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth
	na n			Depth Casing Shoe
				· · · · · · · · · · · · · · · · · · ·
		•		
,				
	TEST DATA AND REQUEST FOR WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of iotal volume of load oil a epih or be for full 24 hours)	nd must be equal to or exceed top allow-
:	Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Shoke Size
	and the second s			
;	ភេទបេល Tribas Lorroy និសស់	CH-HEIS.	Water-Bhia.	GE) - MCF
:			K 28.0 7.28 3.	οπ β
	SAF VILLS			· · · · · · · · · · · · · · · · · · ·
	AS IN THE SERVICE	Length of Text	- Bulk. Condensate Wast 19	Gravity of Condensate
Į.			Mist. 3	
	Terring weines (pitot, back pr.)	Tubing Pressure (Shut-in)	Coning Preseure (Shut-12)	Choke Size
∇I	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
			APPROVED JAN S	. 19
;	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			d by A. R. Kendrick
,	shore is true and complete to th	e best of my knowledge and belief.	DT	
	/ /)		TITLE SUPERVISOR DIST. #5	
			This form is to be filed in co	ompliance with RULE 1104.
	Van Kyan		If this is a request for allows	ible for a newly drilled or deepened
_	District Production Manager		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 allow-	
	·	itle)	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.	
-	1-1-78	2(¢)		
	(0	,	Separate Forms C-104 must	be filed for each pool in multiply
			completed wells.	