NO. OF COPIES RECEIVED		15			
DISTRIBUTION					
SANTA FE		T			
FILE		1		L	
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	T			
OPERATOR		T			
PRORATION OFFICE					
Operator Ost	ر (در)	10	ار	7	
Address		<u> </u>			
Reason(s) for filing (Check proper box)					
New Well					
Recompletion					

III.

IV.

	٦		/	
DISTRIBUTION				
SANTA FE /		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
FILE	The state of the s	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS	
TRANSPORTER OIL (GAS				
OPERATOR	- -			
Operator Operator				
astec Oi	l + gas			
Address				
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go	as [
Change in Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	Trace		i	
Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.	
Culpepper Martin	13-A Blanco Mesa Ve	erde State, Federa	lorFee Fee	
Location F 16	550 Feet From The North Lin	ne and 990 Feet From 1	m. Woot	
		ne and 990 Feet From '	The West	
Line of Section 29 To	wnship 32N Range	12W , NMPM, San J	uan County	
	TER OF OIL AND NATURAL GA			
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro	,	
Plateau, Inc. Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	P.O. Box 108, Farmingt	ved copy of this form is to be sent)	
Southern Union Gatheri	ng	P.O. Box 1899, Bloomfield, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	on – (X) X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 4924 '	
3-25-77 Elevations (DF, RKB, RT, GR, etc.)	5-1-77 Name of Producing Formation	4981 1 4924 1 Top Oil/Gas Pay Tubing Depth		
5878	Mesa Verde	4515' 4837		
Perforations		Depth Casing Shoe		
4515' - 4846' Point L		CEMENTING RECORD	4940	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		
13-3/4"	9-5/8"	212'	190 sxs	
8-3/4"	7''	2557' 170 sxs		
6-1/4''	4-1/2"	2412' - 4940'	372 sxs	
mean nama and province of	2-3/8"	48371	and must be equal to at exceed top allow-	
TEST DATA AND REQUEST FO OH, WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Langth of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	
8639 Testing Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	886 psig	892 psig 3/4"		
CERTIFICATE OF COMPLIANC		1	TION COMMISSION	
		APPROVED JUN 0	a / /	
Commission have been complied w	certify that the rules and regulations of the Oil Conservation ion have been complied with and that the Information given			
above is true and complete to the	best of my knowledge and belief.	BY Original Signed by A. R. Kendrick SUPERVISOR DIST. #3		
		TITLE	T. #5	
		This form is to be filed in o	compliance with RULE 1104.	
Offin,	Kyan	If this is a request for allow	vable for a newly drilled or deepened nied by a tabulation of the deviation	
(Signa	awy).	well, this form must be accompa-	dance with MULE 111.	

VI.

(Signatury)
· · · · · · · · · · · · · · · · · · ·
District Production Manager

(Title)

June 3, 1977

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fift 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 flied for each pool in multiply completed wells.