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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

Operator	
Address	
Reason(s) for filing (Check proper box)	
New well	Change in Transporter of:
Recommendation	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain) Name change	

If change of ownership give name
and address of previous owner

II. IDENTIFICATION OF WELL AND LEASE

Lease Name Culpepper Martin	Well No. 11A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Layer I	1650	Feet From The South	Line and 1080	Feet From The East	
Line of Section 29	Township 32N	Range 12W	N.M.P.M. San Juan	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gathering	Box 1899, Bloomfield, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling code number

IV. COMPLETION DATA

Design to Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Prod.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		B.B.T.D.			

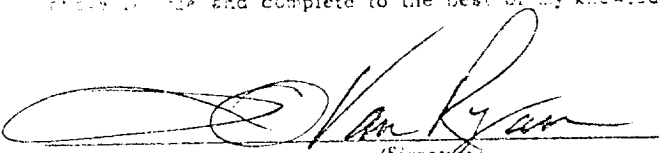
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Time when Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Time of Test	tubing Pressure	Casing Pressure	Choke Size
Water - Bbls. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Gas - MCF	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Time when Test - MCF/D	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Time when Test (piston, back pr.)			

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.


(Signature)
District Production Manager
(Title)
1-1-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

Signed by A. R. Kendrick

SUPERVISOR DIST. #

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.
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.