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|------------------------|------------|-------------|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| OIL | / | |
| GAS | | |
| OPERATOR | | |
| PRORATION OFFICE | | |
| | OIL GAS | OIL / GAS 2 |

III.

IV.

| | DISTRIBUTION / | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-116 | | | |
|---|--|---|---|---|--|--|--|
| | AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL | | | Effective 1-1-65 | | | |
| | TRANSPORTER OIL / GAS | | | | | | |
| i. | PRORATION OFFICE | | | | | | |
| | | BENSON-MONTIN-GREER DRILLING CORP. | | | | | |
| | 221 Petroleum Cent Reason(s) for filing (Check proper box | 221 Petroleum Center Bldg., Farmington, New Mexico 87401 (Son(s) for filing (Check proper box) Other (Please explain) | | | | | |
| | | | | | | | |
| | Recompletion Change in Ownership | Oil A Dry Ga Casinghead Gas Conder | 7 | | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| II. | DESCRIPTION OF WELL AND | | mencos Vindet Logge | | | | |
| | PUERTO CHIQUITO | Well No. Pool Name, Including For EAST PUERTO | ormation A Kind of Lease | or Fee Federal NMO41A | | | |
| | Unit Letter I ; 214 | 5 Feet From The South Lin | e and 695 Feet From Ti | ne east | | | |
| | Line of Section 6 Tov | mship 26N Range 1 | LE , NMPM, R | io Arriba County | | | |
| III. | DESIGNATION OF TRANSPORT | | S | | | | |
| | Name of Authorized Transporter of Oil Shell Oil Company | or Condensate | Address (Give address to which approve the Company 2009 Hous Attn. Jim Schuchard | ton, Texas 77001 | | | |
| | Name of Authorized Transporter of Cas | inghead Gas or Dry Gas | Address (Give address to which approve | ed copy of this form is to be sent) | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When | 1 | | | |
| | If this production is commingled wit COMPLETION DATA | this production is commingled with that from any other lease or pool, give commingling order number: | | | | | |
| | Designate Type of Completic | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | Perforations | <u> </u> | | Depth Casing Shoe | | | |
| | | | CEMENTING RECORD | 21242 054545 | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| v | TEST DATA AND REQUEST FO | OR ALLOWARIE (Text must be a | for recovery of soul First Aron a | nd must be equal to or exceed top allow- | | | |
| ٧. | OIL WELL Date First New Oil Run To Tanks | able for this de | fier recovery of trail distribution and pth or be for full Government. Producing Method Bod, pamp, as life | etc.) | | | |
| | | Tubing Pressure | Casing Pressure AN 1 1974 | Choke Size | | | |
| | Length of Test | | Water-Bbis OIL CON. COM. | Gas - MCF | | | |
| | Actual Prod. During Test | Oil-Bbls. | DIST. 3 | Gas-MCr | | | |
| | GAS WELL | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| VI. | CERTIFICATE OF COMPLIANO | TION COMMISSION | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | APPROVED JAN 1 | 1974 | | | |
| | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BY OR OR OR OR | | | | |
| | | | TITLE STEENISH DIST. #5 | | | | |
| | ////// | Strake | This form is to be filed in co | thie for a newly drilled or deepened | | | |
| (Signature) | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | | |

(Title) January 10, 1, 974
(Date)

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.

