	. <u>.</u>		
NO. OF COPIES RECE	EIVED	İ	
DISTRIBUTION			7
SANTA FE			
FILE		1	1
U.S.G.S.		<u> </u>	
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	1	
IRANSPORTER	GAS		
OPERATOR		3	
PRORATION OF	FICE		
Operator			
	250		: 557

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	KEQUEST 1	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER OIL	4			
GAS /	<b>⊣</b> `			
OPERATOR 3	-			
Operator				
SUNTILLA	NE POYALTY CORPANY			
Address		403		
P. O. Drawer 570, Fa	armington, New Mexico 874	101 Other (Please explain)		
New Well	Change in Transporter of:	Chief (Fredse Explain)		
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	sate NAME (	توقا للاناء	
If change give name and address of previous owner	Aztec Oil & Gas Company	, P. O. Drawer 5/U, Fai	rmington, New Mexico (700)	
PECCEPITION OF WELL AND	TEACE			
Lease Name	Well No. Pool Name, Including Fo			
East	#4 Blanco Mesa	verde State, Fede	ral or Foo Federal .SF-07.652	
Location			1	
Unit Letter B : 9	90 Feet From The North Line	e and <u>1500</u> Feet From	n The East	
24	)	2 West , NNPM, S	an Juan	
Line of Section 24 To	ownship 31 North Hange 1	2 West NMPM, S	an Juan	
L DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of O	ii or Condensate 🛣	Address (Give address to which app.	roved copy of this form is to be sent.	
Plateau, Inc.	¥-	P. O. Box 108, Farmin	gton, New Mexico 87401	
State of Alexander Tree are the of C	we have the Gas $\{0\}$ -at $0$ to $0$ as $X_{2}$	managa ang ang ang ang ang ang ang ang an	and the second of the second o	
en e				
il oku dagation ot tanks.				
	with that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA				
Designate Type of Complet		New Well Workover Deapen	Plug Back   Same Resty, Diff. Resty,	
	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spidaed	Date Compt. Ready to From			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	•		:	
Perforations	•		Depth Cosing Shice	
		CENTUR DECORD		
		DEPTH SET	SACKS CEVENT	
HOLE SIZE	CASING & TUBING SIZE			
		·		
	1	1		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a)	fier recovery of total volume of load c opth or be for full 24 hours)	il and must be equal to or express top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lifs, esc.)	
Date : Marine Work Carrier Vol.				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			7 55 -MGF	
Actual Prod. During Test	Čii-Btia.	Water - Bbls.	To the second second	
GAS WELL			· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Cosing Pressure (Shat-in)	Choke Sire	
L		OU CONSERV	ATION COMMESSION	
VI. CERTIFICATE OF COMPLIA	NCE	I I I I I I	vation commission 2 1978	
	d detine of the Oil Conservation	APPROVED	2 1 <b>0 7 0</b>	
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.		original Signed by A. R. Kendrick		
		BY		
		TITLE SUP	RVISOR DIST. #3	
-11		This form is to be filed in compliance with RULE 1194.		
	3/1/20	. Trible to a two less for allowable for a newly drilled or deepened.		
,	gnature)(	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
District	Tidal	All sections of this form	must be filled out completely for allow-	
	Title)	able on new and recompleted	wells.  II. III, and VI for changes of owner,	
1-1-73 (Date)		well name or number, or trans;	porten or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply

1-1-73 (Date)

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	1		