

NO. OR LETTER RECEIVED	
DISTRIBUTION	
SARIA RE.	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

1. ADDRESS

1100 1st Street, Santa Fe, New Mexico

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter oil:

Oil Dry Gas
Casinghead Gas Condensate

Other (Please explain)

2/1/78
2/1/78
2/1/78

If change of ownership give name
and address of previous owner

Caprock-San Andreas R-5626

2. INFORMATION OF WELL AND LEASE

License Name	Well No.	Pool Name, including Formation	Term of Lease
State /	1	Illcat gas pay	State, Federal or Fee 5 years

Location

Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ Line

Line of Section Township Range, N.M.P.M., Co.

3. 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)

Mayne Dr.

Caprock-San Andreas R-5626

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved 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

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Diff. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			X		X	
7/11/77	7/11/77	71						
Elevations (D.P., R.A.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
4344' F.E.	Illcat	71						
Perforations	4100-4114/8' slots							

5. TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 1/2"	3 1/2" / 2 1/2"	31'	300
1"	2 1/2"	36 1/2'	
7 1/2"	1 1/2"	11285	

6. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

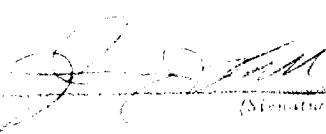
Oil Well	Date First Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
7/11/77	7/11/77	Pump	
Length of Test 24 hr.	Tubing Pressure 1500 ft.	Casing Pressure -30-	Stroke Size 100
Actual Prod. During Test	CH-Relia.	Water-psi.	GAS-MCP
	1"	5	TSTH

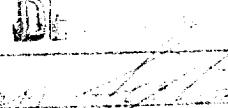
7. GAS WELL

Acquired Test-MCF/D	Length of Test	lbs. Condensate/MCF	Gravity of Condensate
Testing Period (feet, lack ps.)	Tubing Pressure (inch-lin.)	Casing Pressure (inch-lin.)	Stroke Size

8. 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)
 Prasigas
 (Title)
 11/12/77
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED
 BY 
 TITLE

This form is to be filed in compliance with RULE 4104.
 If this is a request for allowable for a new or different oil well, it is necessary to enclose a copy of all relevant tests taken on the well in connection with rule 4104.
 All parts of the form must be filled out clearly and legibly on new and unruled paper.
 Fill out only sections I, II, III, and V. Omit sections IV and VI if none of number or transporter or other words clearly indicate