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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IHANSPORIER	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

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

- }	SANTAFE	 		KEWUESI	OK WELL	TOE O. n.		Effect	ive 1-1-65	
	FILE							١.		
-	U.S.G.S.			AUTHORIZATION TO TRAN	ISPUK LJU	EE IN IL	TUKAL GA	43		
	LAND OFFICE				• • • •	SO NU DI				
	TRANSPORTER OIL									νη
l	GAS					EFF	ECTIVE	4-1-70		ৰ
ļ	OPERATOR			884	C: I			(-DX D	_	Я
1.	PRORATION OFFICE			SUNRAY DY OIL CO.	<u> </u>					1
1	Operator			NAME CHANGED TO:					i.	ì
	Odnicy Die Call Company									
	Address OCROBER 25, 1968					13.	2000	/ 1 n	PP. 3	/
	P. O. Box 1416, Roswellocrober 25, 1968 Reason(s) for filing (Check proper box)					her (Please e	enlain)	<u> </u>	. (R.)	, ,
-		roper	box)		10,	1101 11 10000	-p :=,	7	15/2	
	New Well			Change in Transporter of:	\neg					
	Recompletion			Oil Dry Gas	H l					
- 1	Change in Ownership			Casinghead Gas X Condens						
	If change of ownership give	A nan	4.0							
i	and address of previous ow	vner_								
II.	DESCRIPTION OF WEL	L A	ND.	Well No. Pool Name, Including For	rmation	I K	ind of Lease			Legae No.
ì	Lease Name			1		s	tate, Federal	or Fee Si	tate	E-10047
	New Mexico "AY"	Sta	te	1 Todd San Andr	res				1	
	Location		_			0010		F.a	ast	
	Unit Letter B	. i	9	90 Feet From The North Line	and	2310	Feet From T	he		
					35E		R	oosevelt		County
	Line of Section 36		Tow	wnship 7S Range		, NMPM,				County
	<u> </u>									
III.	DESIGNATION OF TRA	INSP	ORT	TER OF OIL AND NATURAL GAS	\$ (C)	va addessa to	which approv	ed copy of this	s form is to	be sent)
	Name of Authorized Transpo	rter o	f Oil	X or Condensate	Address (Give busies to which approved top)					
	Mobil Pipeline C	Comp	any	,	P. O. E	lox 900,	Dallas,	Texas ed copy of this	a form is to	he sent!
	Name of Authorized Transpo	rter o	(Cas	singhead Gas X or Dry Gas						
	Cities Service O	0il	Com	ipany				, Bartle	sville,	Okla.
				Unit Sec. Twp. Rge.	Is gas actua	ally connected	? Whe			
	If well produces oil or liquid give location of tanks.	,		B 36 7S 35E		Yes		10-2	5-65	
		inala	4 1111	th that from any other lease or pool, g	zive commit	ngling order	number:			
137	COMPLETION DATA	ingie	a wi	th that from any other reads of post, a					D - 1	Diff Bestu
14.				Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Hes'v	v. Diff. Res'v.
	Designate Type of C	Comp	letic	$\operatorname{on} = (X)$!	!	1	! <u> </u>	
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	1		P.B.T.D.		
						_				
	Elevations (DF, RKB, RT, C	GR e	tr. i	Name of Producing Formation	Top Oil/Go	s Pay		Tubing Dept	h	
	Liovations (DI), Kilb, Kil, C	011, 0	•••,							
	Perforations				<u> </u>			Depth Casin	g Shoe	
	Ferrorations							<u> </u>		
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE			CASING & TUBING SIZE		DEPTH SE		SA	CKS CEME	ENT
	HOLE SIZE							<u> </u>		
								<u> </u>		
				OR ALLOWABLE (Test must be a)	lear racovery	of total value	e of load oil	and must be e	qual to or ex	ceed top allow
V.	TEST DATA AND REQ	QUES	T F	able for this de	pth or be for	full 24 hours,				
	OIL WELL	Tank		Date of Test	Producing	Method (Flow	pump, gas li	ft, etc.)		
	Date First New Oil Run 10	ate First New Oil Run To Tanks Date of Test								
				Tubing Pressure	Casing Pressure			Choke Size		
	Length of Test			I don't reserve						
				Tout Phile	Water - Bbis.			Gas - MCF		
	Actual Prod. During Test			Oil - Bbls.	"440. 22.	•				
					.L					
	GAS WELL			le di d'Oraș	Bhis. Con	iensate/MMCF	,	Gravity of	Condensate	
	Actual Prod. Test-MCF/D)		Length of Test	BDIB. CO.K	201,0 210,				
					Coolea Pa	ssure (Shut-	10)	Choke Size		
	Testing Method (pitot, back	k pr.)		Tubing Pressure (shut-in)	Cusing Pi					
					<u> </u>					_
VI	. CERTIFICATE OF CO	OMPI	LIAN	ICE		OIL	ONSERV	ATION CO	MM1221OL	4
						*				19
	I hereby certify that the	rules	and	regulations of the Oil Conservation	APPROVED, 19					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY					
			,		TITLE					
		/	/	1	11					
	() , .	1/ +			This form is to be filed in compliance with RULE 1104.					
	John Hastings John Hastings				If this is a request for allowable for a newly drilled or deepened					
	(Significate)				+aa+a ts	iken on the	Mell IN ecc.	MONITOR WILL		
	Dis	tri	ct A	Engineer	A11	sections of	this form m	ust be filled	out comple	itely for allow
			(7	Fiele)	ll abla on	naw and re	zomplėtec 🤻	LGTT#•		
	Ju1	y 5	, 1	967			T annian	7 bne 111 11	/I for char	nges of owner
	(Date)			Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporten or other such change of condition						

(Date)

well name or number, or transporten or other such change of condition

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