DISTRIBUTION	NEW MEXIC		Form C-104	
SANTA FE	REQUEST	TINTEL OWARDEED. C.C.	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OR AND ANTIGA JUN ZT OR AND	L GAS	
LAND OFFICE		JUN ZI O IO	<i>x</i>	
TRANSPORTER GAS				
OPERATOR PRORATION OFFICE	> DEVIATION SU	RVEY ON REVERS	ESING COM	
Greature Character Character	_	<u> </u>		
ASSEN COUNTY	LAND COMPANY			
Ale FIRST STAT		10LDND, TELAS Other (Please explain)		
Reason(s) for filing (Check proper b New Well	Change in Transporter of:			
Herenic Landstein Change in Ownership	Cil Dry C Casinghead Gas Cond	as		
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AN	D LEASE	lame, Including Pormation	Kind of Lease	
Federal 26		ANERED SAN DNdG	265 State, Federal or Fee -606724	
Location	50 Feet From The SOUTH L	ins and 660 Feet F	TOM THE WEST	
Unit Letter <u>IM</u> ; <u>6</u>			DOSEVELT County	
thine of Bernier, 26 ,	Tewnship 78 Bango	33E , NMPM, KO	JUSEVEL 1	
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	Addreas (Give address to which a	appraved copy of this form is to be sent)	
Name of Authorized Transporter of PERMIAN CONP.		Boy 3119 MIDL	mid Texas	
Name of Authorized Transporter of	Casinghead Gas cr Dry Gas	Address (Give address to which t	approved copy of this form is to be sent)	
If well produces cil or liquide,	Unit Sec, Twp, Hge,	Is gas actually connected?	When	
give location of tanks.	J 26 75 330			
If this production is commingled COMPLETION DATA	with that from any other lease or poo			
Designate Type of Compl	etion = $(X)$ Off Well Gas Well	Yow Nor Hawaren and		
Date Spinded	Date Compl. Ready to Frod.	Total Depth AADO	P.B.T.D. 4365	
6-9-66	6-7.2-66 Name of Producing Pormation	Top Oil/Gas Pay	Tubing Depth	
G NAVEROO	SAN ANDRES	4108	4110.5 KB Depth Casing Shoe	
Perferences 4108.10.91.94.96	4225, 55, 57; 61; 64;	72;64	4400	
HOLESIZE	TUBING, CASING, A CASING & TUBING SIZE	AND CEMENTING RECORD	SACKS CEMENT	
HOLE 5142		<u> </u>		
	2 1 c	<u>ANG</u>		
	<u> </u>		Letter and the angle to be enced top allow	
TEST DATA AND REQUES	<b>FOR ALLOWABLE</b> (Test must b able for this	s depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test 6-22-66	Producing Method (Flow, pump,	gas 11/1, etc.)	
6-2.7-66 Length of Test	O-22-00 Tubing Pressure	Casing Pressure	Choke Size 32/64	
21/4 HRS	<u> 30</u> Oil-Bbls.	Water-Bbls.	Gas-MCF	
Actual Prod. During Test	48.4	0	11.5	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
			ERVATION COMMISSION	
. CERTIFICATE OF COMPL	IANCE		, 19	
I hereby certify that the rules	and regulations of the Oil Conservat	ion APPROVED	, IV,	
Commission have been compl above is true and complete t	ied with and that the information gives the best of my knowledge and beli	ief BY		
		TITLE		
A. D.V. I.			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deependent of the deviation o	
(Signature)		well, this form must be a	n accordance with RULE 111.	
LISTAGE ACCOUNTSOT		All sections of this f	form must be filled out completely for allow	

(Title)

able on new and recompleted wells. Fill out Sections I. II, III, and VI only for changes of owner.

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My Commission Express