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SANTA FE	NEW MEXICO OI	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C	
U.S.G.S.	AUTHORIZATION TO T	AND	Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GASCC	
TRANSPORTER GAS			b <b>y</b>	
OPERATOR				
PROBATION OFFICE				
Operator				
Address	de er Corporation			
Reason(s) for filing (Check prope	( Sop) Surrey, True	Other (Please emplain)		
New Well	Change in Transporter of:	Chief (Fredse Emplain)		
Recompletion	Oil Dry	Gas		
Change in Ownership	Casinghead Gas Con	densate		
If change of ownership give named address of previous owner	me		ECIBLE	
DESCRIPTION OF WELL A	ND LEASE	A CONTRACTOR OF THE PARTY OF TH		
Lease Mame	Well No. Pool Name, Including	Formation n Andres R-3/61 Kind of Lea	Lease No	
Local Callet	6 Inda 1 mat		alor Fee tate 3 11	
Unit Letter;	Feet From The Provide L	Line and Feet From	The Ant.	
Line of Section	Township Range			
DESIGNATION OF TRANSP			County	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL (	Address (Give address to which appro	and conv of this form in the	
The Desider Comme		1		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
	Unit Sec. Two. Bge.			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	en	
		19 10		
COMPLETION DATA	with that from any other lease or pool	l, give commingling order number:		
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty	
			i i i i i i i i i i i i i i i i i i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc	- 6-9-65	- b20	4.385	
		Top Oil/Gas Pay	Tubing Depth	
Performan		136	1.175	
4,1361,1,139	', 4, 140', 4, 147', 4, 152', 4, 152', 4, 152', 4, 242',	157°, h, 164°, h, 168°, 4, 197°	Depth Casing Shoe	
4,203 ,4,212 ,4,213	TIBLE CASING	D CEMENTING RECORD	L_ L_20	
HOLE SIZE	CASING & TUBING SIZE			
W 79 : 95	D of #0 #	DEPTH SET	SACKS CEMENT	
7 7/%=	-19	43.20	275	
170	2 3/64	5.176	,	
EST DATA AND REQUEST		after recovery of total volume of load oil	and must be equal to or exceed top allow	
II. WELL oute First New Oil Run To Tanks	Date of Test	epin or de for full 24 hours)		
Our run 10 1 duts		Producing Method (Flow, pump, gas lij	t, etc.)	
ength of Test	Tubing Pressure	Flow		
		Casing Pressure	Choke Size	
ctual Prod. During Test	Oil-Bbls.	750# Water-Bbis.	36/51;* Gas-MCF	
	300	<u>.</u>	129	
-	ger i we			
AS WELL ctual Prod. Test-MCF/D	Length of Test	The second second		
	Feddin or 1681	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			SUVER DIEG	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
ereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19	
massion have been complied by the istrue and complete to t	with and that the information given he best of my knowledge and belief.	BY		
in the and complete to t				

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.

IX.

Title)

(Date)

**8-10-**55