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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator F. W. BAUMGARTNER d/b/a BAUMGARTNER OIL COMPANY	
Address 737 Grant Street, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner **No**

II. DESCRIPTION OF WELL AND LEASE

Lease Name USA	Well No. 1	Pool Name, Including Formation Bluitt; San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM0358539
Location				
Unit Letter B	660	Feet From The North Line and	1980	Feet From The East
Line of Section 19	Township 8South	Range 38 East	, NMPM, Roosevelt County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 19
	Twp. 8S	Rge. 38E
	Is gas actually connected? None When	

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded July 14, 1969	Date Compl. Ready to Prod. August 4, 1969		Total Depth 4775 KB		P.B.T.D. 4764 KB			
Elevations (DF, RKB, RT, GR, etc.) 4014 KB 4005 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4734 KB		Tubing Depth 4722 KB			
Perforations 4734-4754 KB & 4760-4762 KB w/2 shots/ft.					Depth Casing Shoe 4775 KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		325'		200+			
7-7/8"	5-1/2"		4775'		125 + 2% Gel & 10% Salt			

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

Date First New Oil Run To Tanks August 5, 1969	Date of Test August 7, 1969	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 450#	Casing Pressure 0	Choke Size 3/4"
Actual Prod. During Test 140 BO/12 hrs.	Oil-Bbls. 140 BO	Water-Bbls. 6	Gas-MCF No Test

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

George B. Judd
George B. Judd (Signature)
Manager of Operations (Title)

September 12, 1969
(Date)

OIL CONSERVATION COMMISSION
SEP 15 1969
APPROVED _____, 19____
BY John A. Hays
TITLE **SUPERVISOR DISTRICT**

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.