	1	1 -			••		
	NG. 37 FOPIER RECEIVED		• • •	~	•		
	SANTA FE	NEW MEXICO OIL	CONSERVATION CO	MMISSION	Ener C. La		
	FILE	REQUES	T FOR ALLOWABLI	E	- Form C-104 Supersedes Old C-104 and C		
		AND			Ellective	-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER OIL						
	GAS						
	OPERATOR						
1.	PRORATION OFFICE		•				
	Operator						
	Enron Oil & Gas Comp	any					
	Address						
	P. O. Box 2267, Mid1						
	Reason(s) for Isling (Check proper b	Other (Plea	ise explain)				
	Norv Wall Change in Transporter of:				Namo		
	Racomplation Oil Dry G		Change Operator Name				
	Change in Ownership X	lensate					
	If change of ownership give name	Belco Development Com	D. 00(7 M/				
	and address of previous owner	Belco Development Corp.	., Box 2267, Mic	lland, Texa	<u>s 79702</u>		
H.	DESCRIPTION OF WELL ANI						
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease	· :		
	Aztec State	1Y Corbin Abo	1 of marton			Lease No.	
	Location			State, Føderal	or Fee State	LG0272	
	C	660 parts of north	0000				
	Unit Letter ;;	660 Feet From The north L	ine and2030	Feet From T	west		
	Line of Section 36 T	170					
1	Line of Section 30 T	Cownship 175 Range	32E , NMP	<u>м,</u> I	ea	County	
***							
· <b>···</b> . 1	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G					
1			Address (Give address to which approved copy of this form is to be sent)				
ļ	Navajo Pipeline Comp	any	Dr 159, Artes	sia, NM 882	10		
İ	Nome of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address	to which approve	d copy of this form i	s to be sent)	
1	Conoco Inc.		1214 N. East			-	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connec	ited? When	Tenira raiis	, IA 70304	
1	give location of tanks.	C 36 17 32	Yes	i	5/17/75		
I	f this production is commingled w	with that from any other lease or pool,	and the second		<u>J[1][]</u>		
IV. (	COMPLETION DATA	the most any other rease of poor,	, give comminging ord	er number:		-	
ſ		Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same B	es'v. Diff. Res'y	
	Designate Type of Complet	ion - (X)				l i	
ſ	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
		· · · ·			F.D.1.U.		
F	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
		-			rubing Depth		
F	Perforations				Depth Casing Shoe		
				Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECOR						
	HOLE SIZE						
		CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	MENT	
F							
⊢							
-	·						
L			.i	i			
	TEST DATA AND REQUEST F		fter recovery of total voli	ume of load oll and	d must be equal to or	exceed top allo.	
	ML WELL Date First New Oil Run To Tanks	epth or be for full 24 hours)					
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
1	_ength of Test	Tubing Pressure	Cosing Pressure		Choke Size		
						ŕ	
1	Actual Pred. During Test	Oll-Bhla.	Water - Bbls.		Gaa - MCF		
L					,		
			······································	i	· · · · · · · · · · · · · · · · · · ·		
_6	AS WELL						
- [-	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F (	Gravity of Condensat	•	
						-	
	Feating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
vic	ERTIFICATE OF COMPLIAN	CE					
· C	ERITICATE OF COMPETAN				ION COMMISSIC	DN .	
		· · · · · ·		APPROVED MAR 3 1 1987 . 19			
I C	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		, , , ,				
at	ove is true and complete to the	best of my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON				
	<u>^</u>		DISTRICT I SUPERVISOR				
			TITLE		·····		
·	D XXX C		This form is to	he filed to an-	pliance with RUL	<b>F</b> 1104	
	Ketter Aildon				•		
	(Signature)				le for a newly drill d by a tabulation (		
	Betty Gildon, Regulatory Analyst		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
_	(Tule)		All sections of this form must be filled out completely for ellow able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owne:				
	2/13/87						
-	(De	(e)					
	100		well name or number	-			
			i Separate Forma	C-TO- WAR p	e filed for each p	oor in muitibi	