i	MECI	,				
	DISTRIBUTIO					
	SANTA FE					
	FILE					
	U.S.G.S.		_			
	LAND OFFICE					
	IRANSPORTER	OIL				
1.		GAS				
	OPERATOR			_		
	PRORATION OFFICE			L		
-	Operator					
	T.J. Sivley					
	Address					
	P.O. Dr	rawer	GG	Α:		
	Reason(s) for filing (Check proper b					
	New Well	\sqsubseteq				
	Recompletion					
	Change in Ownership					

SANTA FE		REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-
FILE			AND	Effective 1-1-65
u.s.g.s.		AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
LAND OFFICE				
TRANSPORTER OIL	 			
GAS				
OPERATOR OFFICE				
PRORATION OFFICE				
T.J. Sivle	v			
Address	L			
P.O. Drawe	r GG Art	cesia, New Mexico 88210		
Reason(s) for filing (Check	proper box)		Other (Please explain)	
New We!l		Change in Transporter of:		
Recompletion X		Oil Dry Gas		
Change in Ownership		Casinghead Gas Conden	isdie []	
f change of ownership g	ive name			
ind address of previous				
DESCRIPTION OF WE	TI AND	FASE		
Lease Name	<u>.uu nnu i</u>	Well No. Pool Name, Including Fo	ormation Kind of Lea	1
Silver Federal		l Lynch-Yates-Se	even Rivers State, Fede	ral or Fee Federal MN-0392
Location		_		
Unit LetterJ	_:_198	O Feet From The South Lin	e and 1980! Feet From	n The <u>Fast</u>
				Count
Line of Section 28	Tow	vnship 20-South Range 34	East , NMPM, Lea C	ounty
		non on our and Marindal CA	c	
DESIGNATION OF TR Name of Authorized Trans	POTTET OF OIL	rer of oil and natural ga	Address (Give address to which app	roved copy of this form is to be sent)
		ational Oil Company	P.O. Rox 5008, Houst	on. Texas 77012
Name of Authorized Trans	porter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	on, Texas 7'7012 roved copy of this form is to be sent)
Addite of Mathematical	•			
		Unit Sec. Twp. Pige.	Is gas actually connected?	Vhen
If well produces oil or liquid give location of tanks.	1105,	J 28 20S 34E	No - TSTM	
Cable enduation is con	minaled wit	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	mingrod			Plug Back Scme Res'v. Diff. Re
	Completic	Oil Well Gas Well	New Well Workover Deepen	1 1
Designate Type of	Completio	1	Total Depth	36891 Yes
Date Spudded		Date Compl. Ready to Prod.		
11/17/58		3/4/78	3719! Top Oil/Gas Pay	36891 Tubing Depth
Elevations (DF, RKB, RT	, GR, etc.)	Name of Producing Formation	1	3665
3713 GL		Yates Sand	35901	Depth Casing Shoe
Perforations	-di t	2601		3684'
Open Hole - 35	<u> </u>	TUBING, CASING, AND	D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLF SIZE	•	8-5/8" 24#	1675!	Circulated to Surface
HOLE SIZE			36841	Circulated to Surface
ייוו		5-1/2" 14#	J	UI relitable in minates
			36651	
ייוו		5-1/2" 14# 2-3/8" OD 4.70#	36651	
11" 8"		5-1/2" 14# 2-3/8" OD 4.70#	36651	
11" 8" TEST DATA AND RE	QUEST F	5-1/2" 14# 2-3/8" OD 4.70# OR ALLOWABLE (Test must be a oble for this de	36651 Ifter recovery of total volume of load cepth or be for full 24 hours)	oil and must be equal to or exceed top al
BII TEST DATA AND RE OIL WELL Date First New Oil Bun T	QUEST F	5-1/2" 14# 2-3/8" OD 4.70# OR ALLOWABLE (Test must be a able for this de	36651 Ifter recovery of total volume of load cepth or be for full 24 hours) Producing Method (Flow, pump, gas	oil and must be equal to or exceed top al
BII TEST DATA AND RE OIL WELL Date First New Oil Run 7	QUEST F	5-1/2" 14# 2-3/8" OD 4.70# OR ALLOWABLE (Test must be a able for this de 4/12/78	36651 Ifter recovery of total volume of load cepth or be for full 24 hours)	oil and must be equal to or exceed top al
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TEST DATA AND RE OIL WELL Date First New Oil Run T 3/4/78 Length of Test 24 Hrs Actual Prod. During Test 5	QUEST F	5-1/2" 14# 2-3/8" OD 4.70# OR ALLOWABLE (Test must be a oble for this de Date of Test 4/12/78 Tubing Pressure O Oil-Bble.	3665! Ifter recovery of total volume of load cepth or be for full 24 hours) Producing Method (Flow, pump, gas Pumping Casing Pressure O Water-Bbls.	cil and must be equal to or exceed top al lift, etc.) Choke Size Open Gas-MCF TSTM
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