

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
SUBS.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104  
Supersedes Old O-104 and  
Effective 1-1-55

Person(s) for filing (Check proper box)	Other (Please explain)
New Well	Change in Transporter of:
Recompletion	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: NEW MEXICO OIL COMPANY, Box 100, Santa Fe, N.M.

II. DESCRIPTION OF WELL AND LEASE	
Well Name	Well No., Box, Name, including Formation
<u>Deep River Unit</u>	<u>99</u> <u>Deep River</u>
State	State
<u>N.M.</u>	<u>E-5674</u>
Well Letter	Feet From The
<u>L</u>	<u>South</u> Line and <u>660</u> Feet From The <u>West</u>
Section	Township
<u>36</u>	<u>19S</u>
Range	
<u>37E</u>	<u>N.M.</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Transporter (Give name of transporter or Condensate)	Address (Give address to which approved copy of this form is to be sent)
<u>Deep River Oil Co.</u>	<u>Box 100, Santa Fe, N.M.</u>
Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
<u>Deep River Oil Co.</u>	<u>Box 100, Santa Fe, N.M.</u>
Unit	Sec.
<u>2</u>	<u>35</u>
Twp.	Rge.
<u>19S</u>	<u>37E</u>
Is gas actually produced?	When
<u>Yes</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
<u>X</u>	Gas Well
Date Spudded	Date Compl. Ready to Prod.
<u>10/1/66</u>	<u>10/1/66</u>
Formation (H, KKB, FT, GP, etc.)	Name of Producing Formation
<u>H</u>	<u>H</u>
Perforations	Top Oil/Gas Pay
	<u>10' to 12' depth</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 the allowable for this depth or be for full 24 hours)			
Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Length of Test	Tubing Pressure
<u>Flow</u>	<u>10/1/66</u>	<u>24</u>	<u>100</u>
Casing Pressure	Shut-in Pressure	Water-Bbls.	Gas-Bbls.
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

GAS WELL			
Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Length of Test	Tubing Pressure
<u>Flow</u>	<u>10/1/66</u>	<u>24</u>	<u>100</u>
Casing Pressure	Shut-in Pressure	Water-Bbls.	Gas-Bbls.
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

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.	
Signature of Applicant	
<u>John J. [Signature]</u>	
Date	
<u>September 30, 1967</u>	
APPROVED	
BY <u>[Signature]</u>	
TITLE <u>[Signature]</u>	
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 O-104 must be filed for each pool in multiply completed wells.	