NO OF COPIES RECEIVED	·				
DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65			04
SANTA FE	REQUEST				
FILE		AND		Enecuve	1-1-02
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATURAL GA	S	
LAND OFFICE					
FRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator ONFINEAUTAL	Oil Commey				
Address	16000 1119	98240			
Reason(s) for filing (Check pro	per box)	Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion	Oii Dry G	as L		1	
Change in Ownership	Casinghead Gas Conde	ensate	<u> </u>	<u> </u>	<u> </u>
If change of ownership give i	2000				
and address of previous own	er 1915 Wet HAS BEEN	- PEACED IN THE MAIN			
	WCJ38 CLIANT TO WELL	FLACED IN THE POOL	ş		
I. DESCRIPTION OF WELL	AND LEASE	Ecomption 0 F20	Kind of Lease	.,	Lease No.
	an C Well No.: Pool Name, including i		Vina ci Leaze		
Lease Name	Blekeby Well No. Pool Name, Including	(1) 1/3/8 C	State, Federal c	r Fee	ر ٿا
Lease Name	Blineby Well No. Pool Name, including the	C12 645		or Fee	02/675(6
Lease Name Location Unit Letter	AND LEASE Weil No. Pool Name, Including I Other Start Star	ine and 7/0	State, Federal c		ر ٿا
Lease Name Location Unit Letter	Blackbuy Well No. Pool Name, including the Blackbuy And Pool Name, inc	ne and 7/0	State, Federal c		<u> </u>
Unit Letter;	Township 70-5 Range	ne and	State, Federal c	e Scarn	<u> </u>
Unit Letter; Line of Section; 1. DESIGNATION OF TRAN	Township Town The Range SPORTER OF OIL AND NATURAL G	ne and <u>7/0</u> , NMPM,	State, Federal c	e Seath LE 2	03/6/15(c) County
Unit Letter; Line of Section; Line of Section; 1. DESIGNATION OF TRAN Idame of Authorized Transporte	Township Town The Ange SPORTER OF OIL AND NATURAL Graf of Oil or Condensate	, NMPM, AS Address (Give address to	State, Federal c	e Sea 1 H 25 a	County county
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Unit Letter	Feet From The / OE/A LI Township Range SPORTER OF OIL AND NATURAL G or of Oil or Condensate or of Casinghead Gas or Dry_Gas	AS Address (Give address to Address (Give address to	State, Federal c	e Sea 1 H 25 a	County county
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Unit Letter	Township Range SPORTER OF OIL AND NATURAL Gor of Casinghead Gas or DryGas Unit Sec. Twp. P.ge. 33 20 38	AS Address (Give address to Months) Address (Give address to Months) Address (Give address to Months) Is gas actually connected to the months of the mon	Fee: From Th which approve which approve which approve	d copy of this fo	County county
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Unit Letter	Township Range SPORTER OF OIL AND NATURAL Gor of Oil or Condensate Unit Sec. Twp. Range Unit Sec. Twp. Range Gled with that from any other lease or pool	AS Address (Give address to Months) Address (Give address to Months) Address (Give address to Months) Is gas actually connected to the months of the mon	Fee: From Th which approve which approve which approve which approve	e Seares 200 d copy of this for d copy of this for	County county
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Unit Letter Line of Section 29 1. DESIGNATION OF TRAN Idame of Authorized Transporter Name of Authorized Transporter If well produces oil or liquids, give location of tanks. If this production is comming the complete of Completion DATA Designate Type of Complete Spudded Elevations (DF, RKB, RT, GR 3535569991, 94.99	Township Range SPORTER OF OIL AND NATURAL Gord Oil or Condensate or of Casinghead Gas or Dry_Gas or of Casinghead Gas or Dry_Gas Unit Sec. Twp. Rege. L 33 2 20 36 gled with that from any other lease or pool mpletion - (X) Date Compl. Ready to Prod. 6-11-12 Name of Producing Formation Dunit Set., Name of Producing Formation Dunit Set.	, NMPM, AS Address (Give address to Modern Give address to Modern Give Give a	Fee: From Th which approve which approve which approve	e Seat H LC a d copy of this for d copy of this for Plug Back Sa P.B.T.D. 6680 Tubing Depth	County rm is to be sent) rm is to be sent) me Res'v. Diff. Res'v.
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OIL WELL able for this depth or be for full 24 hours)

Dute First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
6 141-78	6-19-78	Pum	Peems		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
2.4/ hz.	7.1.3	111			
Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gds - MCF		
	64	176	140		

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
i .			

L CERTIFICATE OF COMPLIANCE

! 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.

Ben A	Luc
	(Simature)
umin	estration Supermusor
your	22,1978

OIL CONSERVATION COMMISSION

, 19 CONTENT VISA IN LABOR ME TITLE.

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.