NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMISS	Form C-104
SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
	al Cil Com	S	
Address			
Programme Box	166 Habb.	MN 882	4(1
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
flew Well	Change in Transporter of:		
Hecompletion	Off Dry Go	18:	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE R-5988	Ī	
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lo	ease $L \in \mathcal{C} \cup \mathcal{C} \setminus \{1, 2, 3, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 4, 5, 5, 4, 5, 5, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,$
liance the tooks	. h. 52 32 21	Crild Ja ., State, Ted	lerdl or Fee
Location	10		6 -1
Unit Letter 2- ; 📈 3	/ C Feet From The Set, Ch Lin	ne and 33 () Feet Fro	om The C- C <sup>2</sup> C .
Line of Section To	waship 2(1-,5 Range	38-8. , NMPM, J	
Efficient of decitor (2)	Trange .	C. , IMPM,	( county
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	IS	
Name of Authorized Transporter of Of			proved copy of this form is to be sent;
Side of Authorized Transporter of Co	ustrahend Gas Company Carlo	Address (Cine address to the an	proved copy of this form is to be sent)
Control of Asherized Transporter of Co		i	
	Unit Sec. Twp. Ege.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	12 133 20 38	V 4. S	11-23 75
		/	71 2 - 7 3
COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:	
Designate Type of Completi	on (Y)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
	1		1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Lievations (DF, RKB, RT, GR, etc.)	News of Panduntan Samuellan	Top Oll/Gas Pay	G / S S Tubing Depth
2 (10 T) (10 / P	rame of Producing Pointation	58/3	G/OS
3 5 2 7 49 G K Perforations 5 8 7 20, 73, 77, 77, 77, 77, 77,	Y6 50.05 (9) 78 30	1 76.570203 6717	7'z Depth Casing Shoe
1946 14 64 32 12/2	1678255897848	76,5702 63 67715 79,67,86 6677	,
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
(2 14/	9 5/8 11	13526	4-0
8 274	7 **	6-28-8	/ 3 5
	2360	6.705	
			i
TEST DATA AND REQUEST FOIL WELL	UK ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load in epth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New OL Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
	Tubing Pressure	1 62 64 3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	1 , 1 , -1	Water-Bbis.	
Actual Prod. During Test	OII-Bals.	Water - Bbls.	Gas-MCF
	2 3		600000 37,4
CAC WITH T			5000 17 87.4
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		The Administration with the state of the sta	diditity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
OCDATIONAL OF COMPLET	OF.		1/17/01/02/02/02
CERTIFICATE OF COMPLIAN	C.E.	and the Birth	VATION COMMISSION
r Coomban manager about all control of	regulations of the Oil Comment	APPROVED - FEB	981979
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.		1 and Colored	
		TITLE SUPERVISOR	DISTRICT I
6 11 11.		I .	•
Bon D. Luc		This form is to be filed i	in compliance with RULE 1104. lowable for a newly drilled or deep

2-23-79 Date) 1916 CC(5), USG S(2), 1111/CU(4), T. J.

well, 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

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.