| NO. OF COPIES RECEIVED | | | | |
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| DISTRIBUTION | | | | |
| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | L. | | |
| | GAS | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| | | | | |

| | DISTRIBUTION SANTA FE | | DNSERVATION COMMISSION | Form C-104 | | | |
|--|--|---|---|---|--|--|--|
| | FILE | REQUEST F | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | | | |
| | | | AND | | | | |
| | U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL G | GAS | | | |
| | LAND OFFICE | | | | | | |
| | TRANSPORTER OIL | | | | | | |
| | GAS | | | | | | |
| | OPERATOR | | | | | | |
| 1. | PRORATION OFFICE Operator | <u></u> | | | | | |
| | Continue tal | 1:1 Company | | | | | |
| | Address | | ~~. | | | | |
| | PABAY460, Habbs, nm 88240 | | | | | | |
| | Reason(s) for filing (Check proper box) New We!1 Change in Transporter of: | | | | | | |
| | | | | | | | |
| | Recompletion | Oil Dry Gas | | | | | |
| | Change in Ownership Casinghead Gas Condensate | | | | | | |
| | If change of ownership give name | | | | | | |
| | and address of previous owner | | | | | | |
| 31 | DESCRIPTION OF WELL AND I | FASEL | | | | | |
| 11. | I W 11 at 1 Dec 1 March Topological December 1 V and of 1 ages 1 ages 100 | | | | | | |
| | Lease Name Well No. Pool Name, including Formation (1) Conson (Line) 58 Blinels Old State, redepth or Fee | | | | | | |
| | Location | | | | | | |
| | Unit Letter I; 1980 Feet From The South Line and 660 Feet From The EasT | | | | | | |
| | 2 / | | 26 6 | | | | |
| | Line of Section & Tow | mship $20-5$ Range $-$ | 38-E, NMPM, La | County | | | |
| | | TO OF OUR AND NAMEDRAY CAN | 5 | | | | |
| III. | DESIGNATION OF TRANSPORT | OF CONDENSATE OF CONDENSATE | Address (Give address to which appro- | ved copy of this form is to be sent) | | | |
| | CIOP | | Milla | Tede | | | |
| | Name of Authorized Transporter of Cas | inghead Gas Oor Dry Gas | Address (Give address to which appro- | ved copy of this form is to be sent) | | | |
| | 42 anno 1 | tille | Eunice, Mr | r l | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Age. | Is gas actually connected? Who | / A | | | |
| | give location of tanks. | A 35 20 38 | yes | 5-12-79 | | | |
| | If this production is commingled wit | th that from any other lease or pool, | give commingling order number: | · | | | |
| IV. | COMPLETION DATA | | | | | | |
| Designate Type of Completion - (X) | | | | Plug buck Same ites v. Sim ites v. | | | |
| | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | Date Spudded 2 - 19 - 7 9 | 4 - 9 - 7 9 | 6830 | 6790 | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | 2557210 | 21:0. | 6028 | 6382 | | | |
| | Perforations 6028, 31, 35, | 48 56, 65, 88, 193, 9 ,89,94, 6200,05, 13, 6 | 36,6103,19,24,32, | Depth Casing Shoe | | | |
| | 45,54,68,74,81,86, | ,89,94,6200,085,13,6 | 1,164,70,82,92, | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | 12 1/4 | 9 5/8 | 1552 | 600 | | | |
| | 8 3/4 | 7 | 6830 | 1850 | | | |
| | | 2 3/8 | 4382 | <u> </u> | | | |
| | | | | | | | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of able for this depth or be for full 24 hours) | | | | | | |
| Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | | | |
| | 4-9-79 | 5-12-79 | Puno | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | 24 | | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF 33 | | | |
| | | 20 | 67 | | | | |
| | | Gravity 37.4 | | | | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | Actual Float Foot mot / 2 | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| | | | | | | | |
| 77 Y . | CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | ATION COMMISSION | | | |
|), CERTIFICATE OF COMEDIANCE | | | French O | :0 7 6: | | | |
| | 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. | | APPROVED JUN 2 1979 . 19 | | | | |
| | | | By Orig. Signed By | | | | |
| | | | Les Clements | | | | |
| | | | TITLE Oil & Gas Inst. | | | | |
| | | | | compliance with RULE 1104. | | | |
| | | | To this is a request for allowable for a newly drilled or deepened | | | | |
| | (Signo | ature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | |
| | nuministrative Supervisor | | All sections of this form must be filled out completely for allow- | | | | |
| | JUN 2 5 1979 | tle) | able on new and recompleted w | ells. | | | |
| | *** | | Fill out only Sections I, I | I. 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.