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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL			
	GAS			
OPERATOR		<u> </u>		
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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST F	ONSERVATION COMMISS FOR ALLOWABLE AND NSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	OPERATOR PROPATION OFFICE Operator	TAL OZI COMPANY				
	Address					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry Gas				
	Recompletion Change in Ownership	Casinghead Gas Condens	= !			
	If change of ownership give name and address of previous owner			<u> </u>		
II.	DESCRIPTION OF WELL AND L	EASE	Vind of Logo	e Legse No.		
	STATE F-1	Well No. Pool Name, Including Fo	7 RVRS . QN. State, Federa	STATE B-1535		
		Feet From The South Line		100		
	Line of Section / Town	nship 219 Range J	PCE, NMPM,	L. E.A. County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	wed copy of this form is to be sent)		
	Name of Authorized Transporter of Off	C Condensate C				
	l. /	me of Authorized Transporter of Casinghead Gas or Dry Gas		eved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	XICO		
	give location of tanks.		YES	4-2-79		
	If this production is commingled with COMPLETION DATA	•				
	Designate Type of Completion	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	1		Makal Dank	P.B.T.D.		
	Date Spudded 8-9-78 Elevations (DF, RKB, RT, GR, etc.)	9-21-78	Top Oil/Gas Pay	3"720' Tubing Depth		
	CAR 3505	QUEEN	Top Oil/Gas Pay	3555		
	Perforations 3543-3637'(9	3505" QUEEN lons 3543-3637'(9 Jet shots:		Depth Casing Shoe		
	TUBING, CASING, AN		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	8 3/4. "	41%	37641	660		
	4.7	23/8	3555"			
••	THE DAMA AND DECIFICATION	DALLOWARIE (Test must be as	feer recovery of total volume of load oil	and must be equal to or exceed top allow-		
٧.	OIL WELL	I. WELL 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.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test 24 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate		
	393 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back PR.	210	240	OPEN		
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERVATION COMMISSION			
	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 APR 1 3 1979 . 19			
			SUPERVISOR DISTRICT			
	1 1 1		TITLE This form is to be filed in compliance with RULE 1104.			
	Ben A. Lee (Signa		really in a request for allowable for a newly drilled or despened			
	(Signa	iture)	well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	ADMINISTRATIVE SUPERVISOR All sections of this form must be filled out complete able on new and recompleted wells.			AGTIR'		
	4-11-	79	mill and only Sections I	II. III, and VI for changes of owner, rter, or other such change of condition.		
	NMOCD (5) - FILE	te)	Separate Forms C-104 must be filed for each pool in multiply completed wells.			

