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| | OIL | | |
| TRANSPORTER | GAS | | |
| OPERATOR PRORATION OFFI | CE | | |
| Madress | poration. | | |
| Reason(s) for filing (C | heck proper bo | ioci.co | |
| New Well | | | Transporter of: |
| Recompletion | | Oil | Dry |
| Change in Ownership | | Casinghed | ıd Gas Cor |
| If change of ownershi and address of previo DESCRIPTION OF Lease Name | ous owner | LEASE | Veir No. Pool |
| Location Control | · J.olly | Unit 10 | 70 |
| Unit Letter 6 | ; 19 { | Peet From | n The North |
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| SANTA FE | | T FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C- | | |
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| FILE | WEGOE3 | AND | | | |
| U.S.G.S. | AUTHORIZATION TO TE | RANSPORT OIL AND NATURA | AL GAS | | |
| LAND OFFICE | | , - · · | | | |
| TRANSPORTER GAS | | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE Sperator | | | | | |
| Address Con oral Con | n | | | | |
| 1124.000 | | | | | |
| Reason(s) for filing (Check proper | box | Other (Please explain) | | | |
| New Well | Change in Transporter of: | | more may a small a ship sum to | | |
| Recompletion Change in Ownership | Oil Dry C | effective on | ase navo end well mober 1-65 | | |
| | | ensate I I I | lellon Brunson #2 | | |
| If change of ownership give name and address of previous owner | 9 | | | | |
| . DESCRIPTION OF WELL AN | | ame, Including Formation | | | |
| Later Posterior Tell's | | | Kind of Lease State, Federal or Fee | | |
| Location Polares J.ell | / WILL W | umont Gas - Queen | Poo | | |
| Unit Letter;;; | 980 Feet From The North L | ine and 1.980 Feet Fi | rom The Rost | | |
| Line of Section | Township Range | NIMDM | - | | |
| - 10 | - Lange | 37-B , NMPM, | County | | |
| Name of Authorized Transporter of | OIL OF CONCENSATE OF CONCENSATE | | | | |
| |)20cc | | pproved copy of this form is to be sent) | | |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas | Address (Gile andress to which a | oproved copy of this form is to be sent) | | |
| - Caren Petrolog. Cox | romiton | | | | |
| If well produces oil or liquids, give location of tanks. | | | Is gas actually connected? | | |
| | B 10 22 37 | | | | |
| COMPLETION DATA | with that from any other lease or pool, | give commingling order number: | | | |
| Designate Type of Comple | tion - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| Date Spudded | Date Compl. Ready to Prod. | T-4-1 D- 41 | | | |
| | Date Compt. Readty to Prod. | Total Depth | P.B.T.D. | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| Destauration | | | | | |
| Perforations | | | Depth Casing Shoe | | |
| | TUBING, CASING, AN | D CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load | oil and must be equal to or exceed top allow: | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | epin or be for full 24 hours) | | | |
| | Bate of Test | Producing Method (Flow, pump, gas | s lift, etc.) | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| Astronom De al Distriction | | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | | |
| | | | | | |
| GAS WELL | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | | | |
| . , | | Cusing Pressure | Choke Size | | |
| CERTIFICATE OF COMPLIAN | ICE | OIL CONSER\ | /ATION COMMISSION | | |
| | | | THE COMMISSION | | |
| Commission have been complied | regulations of the Oil Conservation with and that the information given | APPROVED IN | , 19 | | |
| above is true and complete to th | bove is true and complete to the best of my knowledge and belief. | | BY The state of th | | |
| | - | TITLE Sur omei por | | | |
| | j | octor arnor 's | | | |
| The state of the s | | | n compliance with RULE 1104. | | |
| bignatures L | | 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 | | | |
| 1396 POSICION IANA OF | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | | | |
| (Title) | | able on new and recompleted wells. | | | |
| (D | ate) | Fill out Sections I, II, II well name or number, or transpo | II, and VI only for changes of owner, orter, or other such change of condition. | | |
| | : | Separate Forms C-104 mu | ast be filed for each pool in multiply | | |
| | | completed wells. | | | |