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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTAFE	KEQUESI I	TUR ALLUMABLE	·	Effective 1-1-	-65
FILE		AND	-		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL C	AS	
LAND OFFICE		UCT it 😓 🧓	1 . 4 1		
I DANISBORTER OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Oulf Oil Corporation					
Address	and an especia				
Bex 670; Hebbs, New M	637 00 005 th	0.1			
Reason(s) for filing (Check proper box)		Other (Plea	se explain)		
New Well	Change In Transporter of:	_			1 da abas
Recompletion	Oil Dry Ga	s [_] Chang	oin oil t	rensporter and	e e anda
Change in Ownership	Casinghead Gas Conden	sate asat	ransporter	•	
Change in Ownership					
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Leas		Lease No.
Lease Name			1	d or Fee State	B-3480-
R. E. Cole (NCT-A)	8 South McCormac	M oftware	Diate, : Danie		
Location		4124		Mant.	
Unit Letter K ; 2130	Feet From The South Lin	e and 2130	Feet From	The	
Onit Letter			_		
Line of Section 16 Tow	vnship 22-8 Range	7-E , NMI	PM, Los		County
The or section 200 10w					
DECIONATION OF TRANSPORT	TER OF OU. AND NATURAL GA	s			
Name of Authorized Transporter of Oil	or Condensate	Address (Give addres	s to which appro	ved copy of this form i	s to be sent)
i		Best 1910, M			
Shell Pipe Line Corpo	retion	Address (Cine = 12	e to which care	ved copy of this form i	s to be sent!
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas				ve dem./
Warren Petroleum Cor	poration	Box 1589, To			
	Unit Sec. Twp. Rge.	Is gas actually conne	cted? Wh	_	
If well produces oil or liquids, give location of tanks.	J 16 22-8 37-E	Tes	!	10-11-67	
	<u> </u>		der number	DA-200	
If this production is commingled wit	th that from any other lease or pool,	give commingling or	ter number:	PC-329	
. COMPLETION DATA	Oil Well Gas Well	New Well Workove	r Deepen	Plug Back Same F	les'v. Diff. Res
Designate Type of Completic	, =	I I I I I I I I I I I I I I I I I I I			1
Designate Type of Completion	n – (A) 1	1		1	i
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Desferable -	1	1		Depth Casing Shoe	
Perforations					
		D CENENTING DEC			
	TUBING, CASING, AN			01010	EMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CEMENT	
	1				
		<u> </u>	atuma = 4.1a = 3 - 11	land much he could be	r erced to al
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total v epth or be for full 24 ho	otume oj toda oti purs)	, and must be squar to (
OIL WELL	ante for this a	Producing Method (F		ift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Linguisting Matuod L	, pampp gas b	· · · · · · · · · · · · · · · · · · ·	
				01.11.01	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
			·=		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas - MCF	
World Lion Dailed 1 and					
	<u> </u>	<u> </u>			
GAS WELL	I would be Treed	Bbls. Condensate/M	MCF	Gravity of Condens	at•
Actual Prod. Test-MCF/D	Length of Test	Duta. Condensate/M		C. T. 1. 1 O. COMMENTS	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S	nut-in)	Choke Size	
,					
		01	CONSERV	ATION COMMISS	ION
I. CERTIFICATE OF COMPLIAN	CE		- COMBERV	- 1014 COMMISS	
		1			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED_			
a leeter bross boom complied	with and that the information biven	. []			
above is true and complete to th	e best of my knowledge and belief.	101			
		TITLE			,
			_,		•

C. D. BORLAND

(Signature)

Area Production Manager

October 11, 1967

(Date)

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 transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.