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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

NATURAL GAS

Operator
Address
Reason(s) for filing (check proper box)
New Well
Recompletion
Change in Ownership

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LOCATION
Lease Name
Location
Unit Letter
Line of Section
Kind of Lease
State, Federal or P
Tee
Lease No.
Feet From Rio
County

DESIGNATION OF TRANSPORTER
Name of Authorized Transporter of Oil
Name of Authorized Transporter of Gas
If well produces oil or liquids, give location of tanks.

COMPLETION DATA
Designate Type of Completion
Date Spudded
Elevations (DF, RKB, RT, GP, etc.)
Perforations
HOLE SIZE
SACKS CEMENT

TEST DATA AND REQUEST FOR OIL WELL
Date First New Oil Run To Tank
Length of Test
Actual Prod. During Test
Actual Prod. Test-MCF/D
Testing Method (pitot, back pr.)

GAS WELL
Actual Prod. Test-MCF/D
Testing Method (pitot, back pr.)

CERTIFICATE OF COMPLIANCE
hereby certify that the rules and regulations of the Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.
Area Superintendent
September 30, 1961
CONSERVATION COMMISSION