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

NEW MEXICO OIL CONSERVATION COMMISSIO

110

	SANTAFE	PEOLIES	FOR ALLOWABLE	Funercedes Old C 104 and C 1		
	FILE	רבשטבאו	AND	Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAST				
	LAND OFFICE	- AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	SAGO		
	OIL	-	0.00	in the		
	TRANSPORTER GAS	\dashv				
	 	-				
	OPERATOR	_				
1.	PRORATION OFFICE Operator					
	Ambrida Petrol	eum Corporation				
	P.O. Box 668 -	Hebbs, New Mexico				
	Reason(s) for filing (Check proper box	r)	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil X Dry G	Gas			
	Change in Ownership	Casinghead Gas Conde	ensate			
II.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including i	2			
	Location Mattix Woolvert	h Unit Tract 3 Well 1	Langlie Mattixiate, Feder	dicriee Fee		
	Unit Letter B; 66	Feet From The North Li	ne and 1980 Feet From	The East		
		a . a				
	Line of Section 28 To	wnship 24-S Range	37-E , NMPM,	County		
III.		TER OF OIL AND NATURAL G				
	Name of Authorized Transporter of Oil		Address (Give address to which appro			
	Shell Pipe Line Con	rp.	P.O. Box 1598, Hebbs,			
	Name of Authorized Transporter of Ca		Address (Give address to which appro	oved copy of this form is to be sent)		
	El Pase Natural Gas	s Co.	P.O. Box 1492, El Pase	, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	,	nen		
	give location of tanks.	I 28 248 37E	Yes			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA		-			
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completion	$SR = \langle X \rangle$	1]		
	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		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-		
• •	OIL WELL	able for this de	epth or be for full 24 hours)			
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
1						
İ	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF		
	-					
Ļ						
	GAS WELL					
٢	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Date: Condendate/Mixici	C. CTITY OF CONGENEGIE		
ļ						
- }	Tarting Vethed (niese fact as)	Tuhing Dragging / Shark 4-2	Casing Dressure / Shub-4m 1	Chake Stee		
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)			Choke Size		

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.

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<u> </u>	<u>, </u>	may (Sin	nature)		
 Distri	rt Supe	rinte	dent	-	
7	7-31-6	67	•		
 					

(Date)

APPROVED 4 TITKE/

* 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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.