DISTRIBUTION SANTA FE / FILE /		CONTROL COMMISSION TO A COMMIS	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S. LAND OFFICE	AUTHORIZA (#	FOR FOR FOIL AND NATURAL	
TRANSPORTER OIL 2		15 10 21. 3	· Le
OPERATOR /			
PRORATION OFFICE		The second secon	
cian cii	neciation		
Address ()	18 farmemation.	1) 1) Q (Please explain)	
Reason(s) for filing (Check proper	box)	; +,,	. D.
New Well Recompletion	Change in Transporter Cil	Change fre	m Termian
Change in Ownership	Castnyhead Gun [
If change of ownership give nam and address of previous owner			
II. DESCRIPTION OF WELL AN	ID LEASE		
Lease Name	Well Ho. Post Post	Kind of Leas Clate, Federa	
Location	L bulliacot	- 1000 Skales	10 16 16 16
Unit Letter	33 (Feet From The) With	330 Feet From	The Unadl
Line of Section	Township 19 1167th	4 West NUFM. Dio	Kintlel County
II. DESIGNATION OF TRANSPO	RTER OF OU. AND % "		
Name of Authorized Transporter of	Oil 💥 — cr Condengate "	Cove address to which appro	~ '
Name of Authorized Transporter of	Casinghead as to Co	of Gue address to which approx	ved copy of this form is to be sent)
,	Uait Sea.		an
If well produces oil or liquids, give location of tanks.	D 1 16 19 4		
If this production is commingled	with that from any other it so		
V. COMPLETION DATA Designate Type of Comple	OF Rell	Vad Workover Deepen	Plug Back Same Resty. Diff. Resty
Date Spudded	Date Comp., Ready & Proc.		P.B.T.D.
		C. su t-ay	
Elevations (DF, RKB, RT, GR, etc.	, Name of Proliving and the	. — 1 — 1 — 1 — 1 — 1 — 20 у — 1	Tubing Depth
Perforations	And the second s		Depth Casing Shoe
	TUBING, CALL	TO SALE MITING RECORD	
HOLE SIZE	CASING & TUBLES	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test	be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Janis aring Method (Flow, pump, gas life	ends for
Length of Test	Tubing Pressure	Musica Proseute	Chok Size
		. 1 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Actual Prod. During Test	Oil-Bhia.	. v Bola.	Gas-MCF
	and the state of t		
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	c. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Share-1	ing Pressure (Shut-in)	Choke Size
resting Method (phot, back pri)			
. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TIPN COMMISSION
I hereby certify that the rules and	regulations of the Oil Ocabe.	Original Signed by A. R. Kendrick	
Commission have been complied above is true and complete to the	with and that the information of the best of my knowledge and the second of the second		
	<i>)</i>	HAR SUPPLIVISOR DIST.	37,
	Laban	This form is to be filed in co	
	nature)	If this is a request for allowant in this form must be accompanionable taken on the well in according	ble for a newly drilled or deepened ed by a tabulation of the deviation ance with RULE 111.
agent per day	y Cuparelian	all sections of this form must	be filled out completely for allow-
19 Dec 24 19	76	Fill out only Sections I, II.	III. and VI for changes of owner,
	ate)	il some or number or trensporter	or other such change of condition.

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