1.	Reason(s) for filing (Check proper box	AUTHORIZATION TO TRA	Other (Please ex	TURAL GAS	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	Recompletion Oil Dry Gas Add Liquid Transporter Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Ki	nd of Lease	Legse No.	
	Lone Pine Dakota D Uni	! !	ţ	ite, Federal or Fee		
	Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West					
	Line of Section 8 Township 17 Range 8 , NMPM, MCKinley County					
***	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	c			
111.	Name of Authorized Transporter of Oil Merit Oil Company Shell Pipe Line Name of Authorized Transporter of Cas	or Condensate Q%	Address (Give address to u	hich approved copy of enter Bldg. Farming to hich approved copy of	of this form is to be sent) Farmington, N.M. On N.M. of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
		If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion — (X)					
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.I), <u>;</u>	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth	
	Perforations			Depth C	Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of local land and its equal to or exceed top allowable for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, or	imp, (as ti)t, etc.)	4	
	Length of Test	Tubing Pressure	Casing Pressure	MAY 1 8 no 197	S.C.	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	OU. CON. CO	y . / '	
	Actual Front Daning 1001			DIST. 3	/	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke S	Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	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.		APPROVED MAY 1 9 1976			
			BY Original Signed by A. R. Kendrick TITLE SUPERVISOR DIST. #3			

Agent (Title)

(Date)

May 18, 1976

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 allow-

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Ettl out only Sections I II. III. and VI for changes of owner,

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.