NO. OF COPIES REC	EIVED	1	
DISTRIBUTI		Ī	
SANTA FE		1	
FILE	1		
U.S.G.S.	†		
LAND OFFICE		<del> </del>	
I RANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR	<del></del>	1	
		<del> </del> -	-

<del></del>	SANTA FE			REGI	IFST FOR ALLOWA	COMMISSION	(		
FILE U.S.G.S.				REQUEST FOR ALLOWABLE Supersedes Old C-10 AND Effective 1-1-65				Old C-104 and C-120	
	D OFFICE			AUTHORIZATION TO		-03			
	D OFFICE	T			, , , , , , , , , , , , , , , , , , ,	AND NATURAL	L GAS		
TRA	NSPORTER	GAS							
OPE	RATOR	- GAS							
	RATION OF		+-1						
Opera	itor	<del></del>		Change in Transporter of:					
	CITA	Tion	016+0	FAS CORP.					
Addre	*** / ?~~ /					· · · · · · · · · · · · · · · · · · ·			
Page 2	6 808 6	Leens	POINT	PARK DRIV.	e, SuiTe 30	0 5 AT	Rium House	0	
New W	انمار ( value of the state of	Check prop	per box)		Other (1	Please explain)	7/002/2	12/× 7796	
Recom	npletion	H		Change in Transporter of:		HANGE IN	U OPERATOR	FROM	
Chang	e in Ownership	Ħ	(	Σπ. τ	Ory Gas 7	asodo To	CITATION		
<u> </u>				Casinghead Gas C	Ory Gas T Condensate T PRIMATOR	10/2	26/97		
If chan	nge of owners! dress of previ	hip give n	ame 7	Tesa and	ZRATOR	_			
	Great of brev	lous owne	·	TRESORO PRIROL. SAN ANTO	DUM CORPORAT	70n, 8700	TRESORD DR	1:00	
II. DESC	RIPTION OF	WELL .				17'			
Lease	Name	1	11 11 4	8750HOSPAH	ing Formation	Kind of Lea	ıse	<b>—</b>	
Local	NTH FR	- R.	RA	8750HOSPAHL	owes Sand	State, Fede	ral or Fee Fee	Lease No.	
			~						
Uni	t Letter	;_	<u>ک</u> ہ	Feet From The	_Line and _	O Fast Free	n The F		
1 to	e of Section	,		17.41	<i>a</i> .		i i ne		
	e or Section		Township	17N Range	9h , N	мрм, Мо	- KINLEX	County	
III. DESIG	NATION OF	TRANS		F OIL AND NATURAL					
Name o	of Authorized T	runsporter	of Off	or Condensate	Address (Give add-				
L					Address (Give daar	ess to which appr	oved copy of this form is t	o be sens)	
Name o	of Authorized T	ransporter	of Casinghead	Gas or Dry Gas	Address (Give addr	ess to which same			
					Tances (Orbe day)	ess to water appr	oved copy of this form is t	o be sent)	
If well	produces oil cr	liquids,	Unit	Sec. Twp. Rge.	. Is gas actually con:	nected? W	hen		
give loc	cation of tanks.		, 			1 41	nen		
If this p	production is	commingle	d with that f	from any other lease or po	nol give commination				
IV. COMPI	LETION DA'	TA			ooi, give comminging o	raer number:			
Des	ignate Type	of Comp	letion - (X	Oil Well Gas Wel	ll New Well Workov	er Deepen	Plug Back Same Res	v. Diff. Restv.	
Date Sp						1		1	
	5/2-/-	74	Date Co	ompl. Ready to Prod.	Total Depth	\/	P.B.T.D.		
Elevatio	ons (DF, RKB,	RT CR as	Name o	of Producing Formation	1588	<del></del>	\\/5 <b>8</b> 8′		
	6935	G-1	indine o	HOSPAH	Top Oll/Gas Pay	,	Tubing Depth		
Perforat				<del></del>	/536		1500' EST	<del>-</del>	
	O+	<del>/</del> /.	574-1	588'			Depth Casing Shoe		
				TUBING, CASING,	AND CEMENTING REC	OPD	15/4		
	HOLE SI		C/	ASING & TUBING SIZE	DEPTH		SACKE OFFICE		
	124			8 <del>1</del> ,	96		SACKS CEMENT		
ļ	73	<u> </u>		S <del>L</del>	1574		/00		
	<del></del>								
V Trem	2474 4415		<del></del>						
OIL WE	DATA AND F	REQUEST	FOR ALL	OWABLE (Test must b.	e after recovery of total v	olume of load oil	and must be equal to or ex	ceed top allows	
	st New Oil Run	To Tanks	Date of		Septimon be joi just 24 no	ura)			
					Producing Method (F	low, pump, gas lif	t, etc.)	,	
Length o	f Test	·····	Tubing F	Pressure	Casing Pressure		Charles of Early		
	<del></del>				, , , , , , ,	DEA.	3		
Actual P	rod. During Tee	t	Oil-Bble	5.	Water-Bbls.	-540 P 193	Gas - MCE		
		<del></del>			. San				
040 000							110 n		
Actual P	rod. Test-MCF	<u> </u>	11		:	<u> </u>	1 the factor of the same of th		
		, 0	Length o	1 Test	Bbls. Condensate/MM	(CF	Gravity of Condensate		
Testing N	Method (pitot, b	ack pr.)	Tubing P	ressure (Shut-in)					
				( State-In )	Casing Pressure (She	rt-inj	Choke Size		
I. CERTIF	ICATE OF C	COMPLIA	NCE		_				
		JOMI LIA	INCE		OIL		TION COMMISSION		
I hereby o	certify that th	e rules an	d regulations	s of the Oil Conservation	APPROVED	DEC U	17(198/1)		
Committees	UN REVE DEEN	COMPILE	With and t	that the information i	f I	7800	1/13/1/2/18		
-0046 12	rine and com	prete to t	ine best of	my knowledge and belief.	BY	corner.	· Muy/	<del></del>	
1		_			TITLE SI	JPERVISION	DISTRICTO# 3		
Thurst. Weinka, O.				TITLE SUPERVISION DISTRICTOR OF This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened					
ARRA	PRODU	CT/ON	MAN,	46er -	tests taken on the	well in accord	ance with RULE 111.		
Tes	SORO PR	TROLL	Title)	OR PORATION	All sections o		t be filled out completel	y for allow-	
		11/25/	'ጸጋ		17	•	is. III, and VI for change:	a of owner	
		(1	Date)		well name or number	er, or transporter	III, and VI for change of or other such change of	s or owner, of condition	

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.