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Name of Authorized Transporter of Casinghead Gas or Dry Gas P Address (Give address to which approved coay of this form is to be	
FIRST INTERNATIONAL RIGHT	e sentj
Well produces oil or liquids. Unit Sec. Twp. Age. Is gus actually connected? When	75270
give location of tanks.	
If this production is commingled with that from any other lease or pool, give commingling order number:	
. COMPLETION DATA	
Designate Type of Completion — (X) Gas Well New Well Workover Deepen Plug Back Same Resty.	Diii. Restv.
Date Spuaged Date Comp., Reday to Prod. Tota: Depth P.B.T.D.	<u>.</u>
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Gas Pay Tubing Deptn	
Perforations People Carries See	
Perforations Depth Casing Since	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exce	
OII. WELL able for this depth or be for full 24 hours)	ed top attows
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Test Tubing Pressure Cosing Pressure (Choxe Size	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prog. During Test Oil-Bals. Water-Bals. Gas-MCF	
GAS WELL	1429 <u> </u>
Actual Frod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate	
	- J
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	3754-7
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation APPROVED JUN 19 1979 19	
Commission have been complied with and that the information given	
above is true and complete to the best of my knowledge and belief.	
TITLE DEPUTY OF A PARTICULAR DIST. #3	
This form is to be filed in compliance with RULE 11	
If this is a request for allowable for a newly drilled or	
(Signature) well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.	ir acepened

(Date)

Division Manager

FILE

NMOCD (5) Aztec

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