	NO. OF COPIES RECEIVED				
	DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL GAS	2 1073 B. K.	
	TRANSPORTER GAS				
ı.	PRORATION OFFICE		A F	01 30 .039-21932	
	Continuated fit Commences Conson, Inc.				
	ddress Box 400 Hobbs Now Mexico 88-240				
	Reason(s) for filing (Check proper tox)	iss, Jaw Tru		the olds band	
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Cither (Please explain)  Request finel al  on this well'S I	- 0	
	Change in Ownership	Casingnead Gas Condens	ate 071 this well 5.1	- ' / '	
If change of ownership give name and address of previous owner				-	
II.	Lease Name  Lease Name  Tel No. Fact Name, including Formation  Kind of Lease Andian  Con  Linguith Hollup Dakota West State, Federal or Fee  No. Fact Name, including Formation  Con  Linguith Hollup Dakota West State, Federal or Fee				
	Unit Letter V : 4	50 Feet From The Sulficine	and	West	
	Line of Section 28 Tow	nship 25 N Range 4	W, NMEM, Rio a	Prila County	
111.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	Address (Give address to which approved co	py of this form is to be sent)	
	Chan D.O.	AINI1	Farmington 1/2	w Mario	
	Name of Authorized Transporter of Sas	inghead Or Dry Gas	Address (Give address to which approved co.	py of this form is to be sent!	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	11/2	
	give location of tanks.	6 28 25 4	itus commingling order number:	10/74	
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Designate Type of Completion - (X)				; Back - Same Resty, Diff. Resty,	
		Date Comp. Bendy to Prod.		.T.D	
	Elevations (DF, RKB, RT, GR) etc.,	4-21-79	7732	7686	
	Elevations (DF, RKB, RT, GR)etc.,	Name of 1	6484	7518	
	Destagations	forations 456-6736 and 7314-7530  Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD  DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		4005X	
	77/5	990 24# 512 15.5#	773'2	1150 SX	
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	Off. WELL    Producing Method (Flow, pump, gas lift, etc.)				
	4-26 - 19 Length of Test	C-19-79 Tubing Pressure	Casing Pressure Cho	ske Size	
	24	OII-Bbls.	Water-Bbls. Gas	/ <i>U/</i> +	
	Actual Prod. During Test	65		130	
	GAG WELL	-	6	ravity 46.5°	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	vity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	1	oke Size	
VI. CERTIFICATE OF COMPLIANCE				N.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 JUL 19 19		
			original Signed by A. R. Kondrick Suffervisor District # 3		
			TITLE This form is to be filed in compliance with RULE 1104.		
	Ben A. Lee		as a training to allowable for a newly drilled or deepened		
	administrative Superisor		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.		
	621-7	gree (	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.		
A	WMOCD - G. Etec (5) USSS Dayange 2 File Separate Forms C-104 must be filed for each pool in completed wells.				

WMACD - GETEC(5) USSS Durance à File