DISTRIBUTIO	+-	0	
SANTA FE	1		
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	Y	
OPERATOR	9		
PRORATION OF			
Operator			L!
Cora	a a s (aru)	ara

-	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	Form C-104			
	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
}	FILE /		AND	772			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	AL GAS			
1	OIL /	······································					
1	TRANSPORTER GAS /						
	OPERATOR A						
1.	PRORATION OFFICE	—					
1.	Operator			· · · · · · · · · · · · · · · · · ·			
İ	Compass inplo	ration. Inc.					
ŀ	Address	Address					
	P. O. Box 117	8. Farmington, New Mexico					
Ì	Reason(s) for filing (Check proper b		Other (Please explain)				
	New Well	Change in Transporter of:					
į	Recompletion	Oil Dry Go	as Well name cl	nanged from:			
	Change in Ownership	Casinghead Gas Conde	ensate landrich -e	deral 10 #1			
L							
	If change of ownership give name						
•	and address of previous owner						
II.	DESCRIPTION OF WELL AND	D LEASE					
	Lease Name	Well No. Pool No	ame, Including Formation	Kind of Lease			
	Lind ri th	110 E	Besin Deketa	State, Federal or Fee			
Ì	Location			7 5 4 4 4 4			
ļ	Unit Letter 🖁 ; 🗓	650 Feet From The North Lin	ne and 820 Feet Fr	om The			
	onit Letter	reet roll the	ne did rect i	om The			
1	Line of Section 10 , T	Township ZáN Range	7W , NMPM,	County			
l.							
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of C			pproved copy of this form is to be sent)			
ĺ	La Mar Trucking, Inc.		P. O. Box 1528. Farmington Nam Harriso				
ŀ	Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	P. O. Box 1528. Farmington. New Mexico Address (Give address to which approved copy of this form is to be sent)				
٠	El Paso Natural Gas	- Company	P. J. Box 990 Farmington, New Mexico Is gas actually connected? When				
ŀ		Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.	10 26N 7W	Yes	£-11-62			
L				7-11-02			
	If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give comminging order number:				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Complet	zion = (X)		1			
}	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
ŀ	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
ŀ	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
ľ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
1							
ŀ							
-							
117	TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow-			
	OIL WELL		epth or be for full 24 hours)				
ſ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)			
				201111			
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
-	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 1965			
			ł	Gas-MCF AUG 31 1965			
'-				CON. COM.			
	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate						
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
L.	CERTIFICATE OF COMPLIA	NCE	OIL CONSER	NATION COMMISSION			
V1.	CERTIFICATE OF COMPLIANCE						
I hereby certify that the rules and regulation Commission have been complied with and							
ì	above is true and complete to t	he best of my knowledge and belief.	BYOFIGINAL SIGNED				
	· - —		H _ Superior Diet #	3			
	Original signed by E. C. ELLIS		TITLE Supervisor Dist. # 3				
			This form is to be filed in compliance with RULE 1104.				
	Area : Agr.		If this is a request for allowable for a newly drilled				
	(Si _e	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Area Menager			must be filled out completely for allow-			
-		Title)	All sections of this form able on new and recompleted	wells.			

(Date)

Fill out Sections I, II, III, and VI only 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.