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	SANTA FE				
	FILE			•	
	U.S.G.S.				
	LAND OFFICE				
	TRANSPORTER	OIL	1		
		GAS	1		
	OPERATOR				
I.	PRORATION OFFICE				
1					

	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				Effective 1-1-6	Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	PRORATION OFFICE Operator Operator Operator Operator								
	Address P. D. Don 300, Paraington, Dec. 191400 87101								
	Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	=						
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND LEASE								
	Lease Name JI A ILL 3	Well No. Pool Name, Including Fo		Kind of Lease State, Federal	or Fee od ral	colzact			
	Location Unit Letter; 770Feet From TheGOTTAL _Line and 1980Feet From TheGST								
	Line of Section	wnship 20 1.02 Range	, NMP	м. <u>10</u> 3	en dia	County			
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS						
	Name of Authorized Transporter of Oil	or Condensate	l .		ed copy of this form is t				
	Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)						
	If well produces oil or liquids, give location of tanks.								
	If this production is commingled with that from any other lease or pool, give commingling order number:								
[Designate Type of Completic	on - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D. 7 lico				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	Perforations 7211 - 7212								
	HOLE SIZE	CEMENTING RECORD DEPTH SET SACKS CEMENT			ENT				
	12-1/2"	CASING & TUBING SIZE	304 ft.) E I	250 parks	ENI			
	7-7/8"	4-1/2" 40 ft. (amented 1/700 cu	7524	1st st	es comented by	/650 m.n			
	WALL CO. Pt.	1-1/2"	7314	*). *	at 107 ft. a	achted			
V.	TEST DATA AND REQUEST FOR	OR ALLOWABLE (Test must be a able for this de	fter recovery of total vol pth or be for full 24 hou	ume of load oil a	nd must be equal to or e	xceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Sye RLUL	WED /			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MEF SEP 1 1957 OIL CON. COM.				
	GAS WELL DIST. 3								
	Actual Prod. Test-MCF/D	Length of Test 3 lars. (315 Slowing	Bbls. Condensate/MM	of Colony)	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size				
VI.	Back pressure CERTIFICATE OF COMPLIAN	<u> 33% (13 da, chat in)</u> CE	<u> </u>	CONSERVA	TION COMMISSION				
	hereby certify that the rules and regulations of the Oil Conservation		SEP 11 1967						
	Commission have been complied v	with and that the information given best of my knowledge and belief.	By Original Signed by Emery C Arnold						
			TITLE SUPERVISOR DIST. #3						
	Original signed by GILBERT D. NOLAND, JR.		This form is to be filed in compliance with RULE 1104.						
	Albert . Holani, Aster	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							
	Filling department or	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-							
	(Ti	able on new and recompleted wells.							
	(Do	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.							
	1-1		*1						

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.