NO. OF COPIES RECEIVED						
DISTRIBUTION		NEW MEXICO OIL	CONCERNATIO	N. CO. M. (2010)		
SANTA FE		NEW MEXICO OIL	FOR ALLOY		Form C-104	
FILE /		KEQUESI	AND	YABLE	Effective 1	Old C-104 and C-1 -1-65
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LAND OFFICE	AUTHOR	RIZATION TO TR	ANSPUK! ()!	L AND NATURAL	CAS	
TRANSPORTER OIL						
GAS /						
OPERATOR 7	1-1					
PRORATION OFFICE						
Operator C						
Supron linergy d	orporadica					
Address						
P. C. Box 208,	Farmington, Mc	್ ile:ci.co ರೆ7ಫ	01			
Reason(s) for filing (Check prope	r box)			er (Please explain)		
New Well	Change in T	Transporter of:				
Recompletion	Oil	Dry G	as A	-Change Name o	f Operator	
Change in Ownership	Casinghead	L Gas Conde	ensate		-	
	O a b in q i o a a					
If change of ownership give na	me					
and address of previous owner						
DESCRIPTION OF WELL A						
Lease Name	Well No. P	Pool Name, Including F	Formation	Kind of Leas		Legse No.
Solcaralla "J"	G	lianin usk	ate	State, Feder	al or Feell (기술가인)	153
Location						
Unit Letter 3 : 7	<u>jû</u> Feet From	The Lines Li	ne and 1 550	Feet From	The	
Luna of Santon	Toumphin	Banas		MMDM		Cauman
Line of Section 26	Township	Mange 5	- Nost	, NMPM, Kin Ar	T TOG	County
DESIGNATION OF TRANSP	ODTED OF OIL A	ND NATURAL C				
Name of Authorized Transporter of		idensate		address to which appro	oved copy of this form	is to be sent)
	f Oil or Con	idensate 🗀	Address (Give			
Name of Authorized Transporter of	of Casinghead Gas		Address (Give	address to which appro	oved copy of this form	,
	of Casinghead Gas	idensate 🗀	Address (Give	address to which appro	oved copy of this form	is to be sent)
Name of Authorized Transporter of	of Casinghead Gas	idensate 🗀	Address (Give	address to which appro	oved copy of this form	is to be sent)
Name of Authorized Transporter of	of Oil or Con of Casinghead Gas Note Maxing	or Dry Gas	Address (Give	address to which appro	oved copy of this form	is to be sent)
Name of Authorized Transporter of Company of If well produces oil or liquids, give location of tanks.	of Casinghead Gas Novi Maxi, 00 Unit Sec.	or Dry Gas 📆	Address (Give	address to which appro- routher contail B	oved copy of this form	is to be sent)
Name of Authorized Transporter of Cac Company of If well produces oil or liquids, give location of tanks. If this production is commingle	of Casinghead Gas Novi Maxi, 00 Unit Sec.	or Dry Gas 📆	Address (Give	address to which appro- routher contail B	oved copy of this form	is to be sent)
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977 OM.

GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

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.

		Original Signed	Ву
		Rudy D. Motto	
Runy	ออสัยเ. เนื	(Signature)	
Aroa	Superinte		
	•	(Title)	
	June 29, 1	9 77	
		(Date)	

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED BY N. E. MAXWELL, JR. APPROVED_

This form is to be filed in compliance with RULE 1104.

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 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.

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.