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TRANSPORTER	GAS	1	
OPERATOR		1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ŀ	FILE / C-		AND	Effective 1-1-65
- 1		41171100174710N TO TO 4	AND	
}	U.S.G.S.	AUTHURIZATION TO TRA	NSPORT OIL AND NATURAL GA	43
- }				
	TRANSPORTER GAS /			
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1.	PRORATION OFFICE			
1	1:0/-/	COMMUNATION		
	Address	- //		
	A / 5 6	6.11.15.	Other (Please explain)	
	Reason(s) for filing (Check proper box)	12/3/10/2 8, 1-2X00	Other (Please explain)	
- 1		Change in Transporter of:	Office (1 lease express)	
	New Well	Oil Dry Ga	. 12	
	Recompletion	Casinghead Gas Conden	一 芦 一	
1	Change in Ownership	Cashighed Cas Contain	210 83	
	If change of ownership give name	*)		
	and address of previous owner			
	PROGRAMMON OF WELL AND I	FACE		
ш.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
`	1 1 1 1 1 1 2 2	3 Bluxes Mes	State, Federal	or Fee Federa!
	Location	1 STONES	d beside	
	00	5:176	e and 990 Feet From T	110 57
	Unit Letter <u>NI</u> : 17	Feet From The	e and reet riom t	ne
	Line of Section 7.4 Tow	mahin 1 % 4/ Bange	3-6/ NMPM, Pic A.	County
	Line of Section 3.6 Tow	manip J / J / Hange	3 - 60 110 1170	
***	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	.s	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
	VII		Address (Give address to which approv	tow. N. M.
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
		_	By 991 Francista	u . W M
	C/ 7330 NOIJE	Unit Sec. Twp. Rge.	Bex 991 Francists (Is gas actually connected? Whe	n '
	If well produces oil or liquids, give location of tanks.	M 35 27-N 3-4	Ves !	
				•
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
IV.			, 1,000 1,000	
	Designate Type of Completio			
			Total Depth	P.B.T.D.
	_ · · · · · · · · · · · · · · · · · · ·	on – (X)		P.B.T.D.
	Date Spudded	on – (X)		P.B.T.D. Tubing Depth
		Date Compl. Ready to Prod.	Total Depth	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	Tubing Depth
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth	Tubing Depth Depth Casing Shoe
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	Tubing Depth
	Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Total Depth Top Oil/Gas Pay D CEMENTING RECORD	Tubing Depth Depth Casing Shoe
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v .	Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this di Date of Test Tubing Pressure Oil-Bols. Length of Test Tubing Pressure(Shut-in) CE regulations of the Oil Conservation with and that the information given	Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET Infer recovery of total volume of load oil of the pith or be for full 24 hours) Producing Method (Flow, pump, gas lift) Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVA APPROVED OCT 1 19 BY CARRIED Signed DY TITLE SUPERVISOR DIST This form is to be filed in	Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top alloward, etc.) Choke Size Choke Size ATION COMMISSION 70 Emery C. Arnold compliance with RULE 1104.
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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 walls.