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	DISTRIBUTION  SANTA FE  FILE		DISERVATION COMMISSION FOR ALLOWABLE AND	Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR /	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
1.	PRORATION OFFICE  Operator  Address  Address  Reason(s) for filing (Check proper box)  New We!1  Recompletion  Change in Ownership  Casinghead Gas  Condensate				
	If change of ownership give name and address of previous owner	an Umerican	Tetroleum Corp	,	
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	State, Federal	900	
		Feet From The WOUTH Line	$\mathcal{I}/\mathcal{U}$ , NMPM, $\mathcal{S}_{\mathcal{U}}$	County	
II.	DESIGNATION OF TRANSPORT  Name of A Thorized Transporter of Cil  Latinu  Large of A Thorized Transporter of Cil  Large of A Thorized Transporter of Cas  Large of A Thorized Transporter of Cas  Large of A Thorized Transporter of Cas	or Condensate 🔀	Bed 108, Therman	form bed copy of this form is to be sent)  With j. M. M.	
	If well produces oil or liquids, give location of tanks.  If this production is commingled with	A 9 268 1/W	give commingling order number:	11-6-64	
	COMPLETION DATA  Designate Type of Completion	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	DR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)  Producing Method (Flow, pump, gas by	and must be qual to or exceed top allow	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 1970	
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.		
				OIL CON COW	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE

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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.

OIL CONSERVATION COMMISSION 1 0 1970

APPROVED\_ Original Signed by Emery C. Arnold BY\_

SUPERVISOR DIST. #3 TITLE \_\_

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.

Fift 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.

