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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

3011 p

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Control Cont	I.	HEQUEST!	OH ALLOWA	ABLE AND	AUTHOR	IZATION				
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Lase Name West Bitt 32 - K							·			
West Bisti 32-K	II. DESCRIPTION OF WELL								,	
Location			ing Formation Kind							
Section 32 Township 26N Range 13W NMPM, San Juan County	· · · · · · · · · · · · · · · · · · ·	<u></u>	ver Gallu	er Gallup State,			NM 7	6867		
Margin San Juan County	Unit Letter K	_:2310	_ Feet From The _	South Lin	c and16	50 F	cct From The	West	Line	
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Giant Refining Name of Authorized Transporter of Casinghead Cas or Dry Gas If well produces of or Resides, but that from any other less or pod, give commisping order number: If well produces of or Resides, but that from any other less or pod, give commisping order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spadded Date Completion - (X) Date Spadded Date Completion - (X) All the production is commispided with that from any other less or pod, give commisping order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spadded Date Completion - (X) Date Spadded Date Completion - (X) Date Spadded Date Completion - (X) All the production is commispided with that from any other less or pod, give commisping order number: IV. COMPLETION DATA Date Spadded Date Completion - (X) Date Spadded Date Completion - (X) All the production is commispided with that from any other less or pod, give commispide order number: IV. COMPLETION DATA Date Spadded Date Completion - (X) Date Spadded Date Completion - (X) All the production is to the start or pod, give commispided order number: IV. COMPLETION DATA Date Spadded Date Completion - (X) No When 7 When 7 When 7 When 7 When 7 Date Completion - (X) No Date Spadded No Date Spadded No Date Completion - (X) No Date Spadded No Date Spadded No Date Completion - (X) No Date Spadded No Date Completion - (X) No D	III. DESIGNATION OF TRAN	SPORTER OF C	OIL AND NATI	URAL GAS						
Name of Authorized Transporter of Cassinghead Gas	is the or tradictized transporter of Oil		ensate	Address (Giv	e address to wi	hich approved	copy of this form	is to be s	ent)	
If well produces oil or liquids, just excision of tasks. Well production it committed with that from any other lease or pool, give commingling order number. If this production it committed with that from any other lease or pool, give commingling order number. Designate Type of Completion - (X) Discognate Type of Completion - (X) Discogna		appeal Cos		P.O. Bo	P.O. Box 256, Farmington, N.M. 874					
See Securition of Londard Williams See Security See Securi	(Otte data is to which approved copy of this form is to be sent)								ent)	
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4/21/92 (505) 326-3325 Title SUPERVISOR DISTRICT # 3	John C. Corbett			-, <u></u> -	0110==					
Date	11 / 2	(505) 320	5-3325	Title_	SUPERV	ISUR DIS	TRICT#3			
Telephone No.	Date.	Teleg	phone No.						- 	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator well name or number transporter