NO. OF COPIES REC	1 3		
DISTRIBUTION			
SANTA FE	1		
FILE	/		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSFORTER	GAS	/	
OPERATOR	2		
PRORATION OF	Y		

	SANTA FE		1	NEW MEXICO OIL O			Form C-104 Supersedes Old C-104 and C-110		
	FILE		//	REQUEST	FOR ALLOWA	BLC	Effective 1-1-65		
	U.S.G.S.			AUTHORIZATION TO TRA	· · · · · ·	AND NATURAL (GAS		
	LAND OFFICE								
	IRANSPORTER	OIL							
		GAS	/						
	OPERATOR		2						
I.	PRORATION OFF	FICE	1	<u> </u>	 _				
	Musletz	110	& Con	Company					
	Address								
	901. Ián	peln	Torret	Building, 1860 Lincoln	Street, Deer	rest, Calerade			
	Reason(s) for filing	(Check	proper box)	Other	(Please explain)			
	New Well			Change in Transporter of:					
	Recompletion	H		Oil Dry G	=				
	Change in Ownership	P		Casinghead Gas Conde	ansute []				
	If change of owners								
	and address of prev	vious o	vner						
П.	DESCRIPTION O	F WEI	L AND	LEASE					
	Lease Name			Well No. Pool Name, Including F	Formation	Kind of Leas			
	HALLING AN	Pess		6 Blance Measur		State, Federa	if or ree Pede 301 ST 676LTS		
	Location				-				
	Unit Letter		_;15	Feet From The Li	ne and	Feet From	The		
	Line of Section	9 L	To	wnship 27 Karta Range	A Work	NMPM,	County		
	Eine of Section								
III.	DESIGNATION O	F TRA	NSPOR	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized	Transpo	orter of Oil	or Condensate	Address (Give a	ldress to which appro	eved copy of this form is to be sent)		
	None a	عادي		singhead Gas or Dry Gas	Address (Give a	dress to which appro	oved copy of this form is to be sent)		
	Name of Authorized			singled Gds Of Dry Gds					
	EL Phys Rets		tes Cal	Unit Sec. Twp. Rge.	Is gas actually a	connected? Wh	nen .		
	If well produces oil give location of tank		ds,		Mo		on 13 has com. Hos.		
				th that from any other lease or pool,	give comminglin	g order number:			
	COMPLETION D		ingred wi	th that from any other lease or poor,	give comminging				
•••			1-4'	Oil Well Gas Well	New Well Wo	kover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Ty	pe or c	ompleti		*	. 			
	Date Spudded	,		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RK	D DT	C.P.	Name of Producing Formation	Top Oil/Gas Pa	v	Tubing Depth		
	6610 G.		SK, etc.,	Manual of Producting 1 of Marion	Cooks	•	(Sign)		
	Perforations	-			•		Depth Casing Shoe		
	Macaracia	921	9233				Ship		
				TUBING, CASING, AN					
	HOLE	SIZE		CASING & TUBING SIZE		PTH SET	SACKS CEMENT		
	12-1/1	<u> </u>	 -	8-5/9-00	3161		350		
	1-1/F	·				A CONTRACTOR	Part Class IC		
	n 2-16/ ld	-		M ColeCain you sook.		فندند فسنرفس			
v	TEST DATA AN	D REC	HEST F	OR ALLOWABLE (Test must be	after recovery of to	tal volume of load oil	l and must be equal to or exceed top allow-		
٧.	OIL WELL			able for this d	teptit or be jor just a	4 1000 a)			
	Date First New Oil	Run To	Tanks	Date of Test	Producing Metho	d (Flow, pump, gas l	ijt, etc.)		
				The base of the second of the	Casing Pressure	•	Choke St 1 H		
	Length of Test			Tubing Pressure	Cabing : 1000		LEISH IVED		
	Actual Prod. During	Test		Oil-Bbls.	Water - Bbls.		Ga - MÚ		
		='					MAR 28 1966		
							OIL CON COM		
	GAS WELL				1500 0 0	0.0.05	Gravity of Coppliandte		
	Actual Prod. Test-			Length of Test	Bbls. Condensa	16/MMCF	Gravity of Construction		
	Testing Method (pi	a baai	e ne l	Tubing Pressurer Shut-in	Casing Pressure	(Shut-in)	Choke Size		
	lesting Method (pi	ioi, buch	· p/./		0 0/0		1 / i.e. wen stati.		
	CERTIFICATE		.vov tab	ice —		OIL CONSERV	ATION COMMISSION		
VI.	CERTIFICATE	or co	WIFLIAN	CE		APR 2 9 196			
	I hereby certify th	et the	ules and	regulations of the Oil Conservation	APPROVED	APR 2 3 130	, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		1 [{	By Original Signed by Emery C. Arnold					
	above is true and	l compl	ete to th	le best of my knowledge and belief.	11	•			
					TITLE	SUPERVISOR D	IST. #3		
		_			This for	m is to be filed in	compliance with RULE 1104.		
	7726.1	Sign	und		11	must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation		
	977 E. BENLEW (Signature)			tests taken	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	_ Chief Off	Grief Office Clark			- All sect	ions of this form m	ust be filled out completely for allow-		
	(Title)			Fill out	and recompleted v	II III and VI for changes of owner,			
	Harch #4	, 19	16	Date)	well name or	number, or transpo	rter, or other such change of conditions		
			(-	· · · · ·	Separate	Forms C-104 mu	st be filed for each pool in multiply		
i					to completed w	completed wells.			