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DISTRIBUTION SANTA FE /	+		CONSERVATION COMMIS	SSION	Form C-104 Supersedes Old C-104 and C-110
		REQUES	T FOR ALLOWABLE		Effective 1-1-65
FILE /	AUTUOF	217 ATION TO T	AND RANSPORT OIL AND N	ATUDAL CA	c
LAND OFFICE			11 H 201	ATURAL GA	.5
TRANSPORTER OIL /	Eff.	2-1-71, Congan Petro. Congan Petro. Congan ed its name t	rpe		
GAS ,	Americ	an to name t	0		
OPERATOR	Pan chang	ed 1ts 20.			
I. PRORATION OFFICE	MAS AMOC	ed its no.			
Cperator					
PAN AMERICAN PET	MILLER CHILIPPIA	Tree			
Security Life Bu	diddan Berner	Coloredo			
Reason(s) for filing (Check prop		, 40.001400	Other (Please	explain)	
New Well		Transporter of:			
Recompletion					
Change in Ownership	Casinghead	d Gas Con	densate 🔣		
If change of ownership give name and address of previous ownership					
•					
II. DESCRIPTION OF WELL	AND LEASE	Well Me Deel	Name, Including Formation	-	Kind of Lease
Lease Narie	•				State Federal or Foom
Galleges Campon Uni	.8	152 Ba	oin Bakota		state, redetat or ree Federal
Location	4444				
Unit Letter;_	1010 Feet From	The I	Line and	_ Feet From Th	e Neck
Line of Section 21	, Township	Range	121 , NMPM,	San Jus	County
Ellie of Beetlein ——	,				
III. DESIGNATION OF TRANS	SPORTER OF OIL	AND NATURAL	GAS		
Name of Futhorized Transporter	of Oil or Co	ndensate 🔣	Address (Give address t	o which approve	d copy of this form is to be sent)
Graves Oil Company	<u> </u>		7. 0. Bez 2077	. Farming!	en, New Marine
Name of Authorized Transporter	of Casinghead Gas	or Dry Gas	P. O. Box 2017 Address (Give address t	o which approve	d copy of this form is to be sent)
Name of Authorized Transporter El Paso Natural Cas	Company		Address (Give address t	o which approve	d copy of this form is to be sent)
Name of Authorized Transporter Bl Pase Matural Cas If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Address (Give address t	d? When	d copy of this form is to be sent)
Name of Authorized Transporter Bl Peso Hatural Gen If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connecte	d? When	d copy of this form is to be sent)
Name of Authorized Transporter Bl Peso Hatural Gen If well pre luces oil or liquids, give locat on of tanks. If this production is comming:	Unit Sec.	Twp. Rge.	Is gas actually connecte	d? When	d copy of this form is to be sent)
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Name of Authorized Transporter Bl Peso Hatural Gas If well preduces oil or liquids, give location of tanks. If this production is comming IV. COMPLETION DATA Designate Type of Compate Spudded	Unit Sec. 11 Sec. 12 Index with that from any section — (X) Date Compl. Re	Twp. Rge. 200 1000 Twp. Rge. Gas Well Gas Well Gas Well Gas Well	Is gas actually connected to the second of t	d? When	P.B.T.D.
Name of Authorized Transporter Bl Peso Hatural Gas If well preduces oil or liquids, give location of tanks. If this production is comming IV. COMPLETION DATA Designate Type of Compate Spudded	Unit Sec. 11 Sec. 12 Index with that from any section — (X) Date Compl. Re	Twp. Rge. 200 1000 Twp. Rge. Gas Well Gas Well Gas Well Gas Well	Is gas actually connected to the second of t	d? When	P.B.T.D.
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Name of Authorized Transporter B1 Pero Hatural Gen If well preduces oil or liquids, give location of tanks. If this production is comming IV. COMPLETION DATA Designate Type of Compate Spudded Pool	Unit Sec. Ited with that from any open pletion — (X) Date Compl. Re	Twp. Rge. 250 1000 7 other lease or pool 10 Well Gas Well eady to Prod. Cing Formation	Is gas actually connected to the second of t	d? When number:	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
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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.

(Signature)

Administrative Assistant (Title)

September 27, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 2 8 1965

Original Signed Emery C. Arnold

TITLESupervisor Dist. # 3

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 Sections I, II, III, and VI only 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.

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