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	DISTRIBUTION	·			
ŀ	SANTA FE /		ONSERVATION COMMISSION	Form C-104	
	FILE I V	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
}	- · · · · · · · · · · · · · · · · · · ·	·	AND	,	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS /	
	LAND OFFICE	-		$\Delta \Delta \Delta a$	
	TRANSPORTER OIL /			1/2 / ,	
	GAS			V O.	
	OPERATOR /	-			
1.	PRORATION OFFICE				
	Operator				
	W.C.	Lingt	······································		
	Address	male Ed T	1	7.	
Ì	1.10 h	32th 21. to	irming to u	MEXICO	
	Reason(s) for filing (Check proper box,)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	s 🔛		
	Change in Ownership	Casinghead Gas Conder	nsate		
1			· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F		Indian Lease No.	
	Navajo 7A	2 Dakota - Hog	State, Federal	or Fee I-89-IND-58	
	Location				
	Unit Letter <u>M</u> ; 465	Feet From The South Lin	e and 1155 Feet From T	neWest	
	Unit Letter <u>M</u> : 465	reer from the abutti	1 001 1 1011 1		
	Line of Section 7 Tov	waship 29-North Range 1	6-West , NMPM, San	Juan County	
	Zine of Section	Ly NOTEH	V HEBE	<u> </u>	
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	\S		
114.	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)	
			D O Box 1102 House	Marray 77001	
	The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Name of Admonized Transporter of Cashinghood Cas of Bry Cas				
	Thus Box Two Box Is are getwelly connected? When				
	If well produces oil or liquids,				
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	1	
	give location of tanks.	M 7 29N 16W	TSTM	1	
:	give location of tanks.	M 7 29N 16W	TSTM	1	
	give location of tanks.	M 7 29N 16W th that from any other lease or pool,	TSTM give commingling order number:		
	give location of tanks. If this production is commingled with COMPLETION DATA	M 7 29N 16W th that from any other lease or pool,	TSTM	Plug Back Same Res'v. Diff. Res'v.	
	give location of tanks. If this production is commingled with	M 7 29N 16W th that from any other lease or pool, on $-(X)$ X	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	give location of tanks. If this production is commingled with COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	give commingling order number: New Well Workover Deepen		
	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded	th that from any other lease or pool, on - (X) Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen	Plug Back Same Restv. Diff. Restv. P.B.T.D.	
	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded	M 7 29N 16W th that from any other lease or pool, on $-(X)$ X	give commingling order number: New Well Workover Deepen X Total Depth	Plug Back Same Res'v. Diff. Res'v.	
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	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded	th that from any other lease or pool, on - (X) Date Compl. Ready to Prod.	rstm give commingling order number: New Well Workover Deepen X Total Depth 742.5	Plug Back Same Restv. Diff. Restv.	
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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.

in a troubt	
(Signature)	
Operator	
(Title)	
7-12-71	
(Date)	

OIL CONSERVATION COMMISSION

JUL 1 2 1971 _, 19 _

By original Signed by A. R. Kendrick

APPROVED_

PETROLEUM ENGINEER DIST. NO. 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.

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 wells.