NO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ĺ	
LAND OFFICE			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$
TRAN PORTER	OIL		
	GAS	\coprod	
OPERATOR		1	
PRORATION OFFICE			

}	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND			
}	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL (<i>3</i> A3		
ļ	TRAN PORTER OIL					
	GAS /					
I.	OPERATOR / PRORATION OFFICE Operator					
	C & E Operator's, In					
	170 One Energy Square, 4925 Greenville Avenue, Dallas, Texas 75206					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Office (1 tease explain)			
	Recompletion	Cil Dry Gas	= Change in hame	of Operator'		
	Change in Ownership	Casinghead Gas Condens		75020		
	If change of control of the change of previous owner		orest Lane, Dallas, Te	kas /5230		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including For		, , , , , ,		
	Harvey	1 Aztec Picture	d Cliff State, Feder	Gl or Fee Fee 50470		
	Location Unit Letter;;;;	Feet From TheLine	and 923 Feet From	The		
	•					
	Line of Section 9 Tov	mship 30N Range 11	N , NMPM, Sun O	uuti		
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	UI Condembate		ļ		
	Name of Authorized Transporter of Cas		Address (Give address to which appr			
	El Paso Natural Gas	Unlt Sec. Twp. Pge.	P. O. Box 1492, El Pa Is gas actually connected?	SO, lexas /99/8		
	If well produces all or liquids, give location of tanks.	1 1				
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic		The Dorth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.01		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7-4			Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	527111521			
			1			
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load or	il and must be equal to or exceed top allow-		
٠.	OIL WELL Date First New Oil Run To Tanks	able for this depth or be for full 24 hours) II. WELL				
	Date First New Oil Adm 10 Tunks					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIAN	CF	OIL CONSER\	ATION COMMISSION		
VI.				19		
	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.		Original Signed by ERANK T. HAVEZ BY			
			DEPUTY GIL & WAS INSPECTION WAS LAST			
		1	TITLE			
	President (Title) April 10, 1978 (Date)		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			
			All sections of this form must be filled out completely for allow-			
			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.			