NO. OF COPIES REC	EIVED		
DISTRIBUTIO	6		
SANTA FE	1		
FILE	1	v	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
THE TOTAL CONTER	GAS	1	
OPERATOR	2		
PRORATION OF			
Operator			

**GAS WELL** 

Actual Prod. Test-MCF/D

Length of Test

Gravity of Condensate

	SANTA FE	1		NE			FOR ALLOWABLE	Supersedes Old C-104 and C
	FILE	11.					AND	Effective 1-1-65
	U.S.G.S.	4	A	UTHORIZ	ZATION	TO TRA	ANSPORT OIL AND NAT	URAL GAS
	LAND OFFICE	+ , +						
	TRANSPORTER GAS	+ ', +						
	OPERATOR	2	_					
1.	PRORATION OFFICE							
	Cperator							
	El Paso Nata	ıral (	Gas Com	peny				
	Address		4	<b></b> .				
	Box 990, Fax Reason(s) for filing (Check)			w Mexic	co		Other (Please exp	la in )
	New Well	Prober DO	•	ange in Tra	insporter c	of:	1 '	e from Allison Unit #27 (Dk)
	Recompletion		011	-		Dry Go		e from witten out of (ng)
	Change in Ownership		Cas	singhead G	as 🔲	Conde	nsate	
	If change of ownership give and address of previous over the previous of the p	wner	LEASE		Tatall N	Doo' N	go Including Forgetter	Vind of Logge
	Lease Name Allison Unit NP		L€	ease No.		1 -	me, Including Formation Sin Dakota	Kind of Lease State, Feoral or Fee
	Location		·		21(1)	<u> </u>	DTTT TOUCH AND	brate, research or ree
	Unit Letter A	, 9	90 <sub>Fe</sub>	et From Th	ne Nor	<b>th</b>	ne and <b>990</b> F	eet From The East
					<del> </del>		_	
		-						San Juan County
II.	Line of Section 36  DESIGNATION OF TRA  Name of Authorized Transpo	NSPO	)il [			JRAL GA	Address (Give address to wh	sich approved copy of this form is to be sent)
II.	DESIGNATION OF TRA Name of Authorized Transpo R1 Paso Natural ( Name of Authorized Transpo	ANSPO orter of C Gas Co	RTER OF	or Conde	D NAŢĮ	JRAL GA	Address (Give address to whe Box 990, Farming Address (Give address to whe Address to whether the Box 1990).	ton, New Mexico  ich approved copy of this form is to be sent)
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Bbls. Condensate/MMCF