NO. OF COPIES REC	EIVED	1	
DISTRIBUTIO	ЭИ		
SANTA FE	•		
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
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	SANTA FE			_		REQUEST	FOR ALL		331014	Supe	ersedes Old (ective 1-1-65	C-104 and C-11	
	FILE						AND				2.170 1-1-03		
	U.S.G.S.			AUT	HORIZAT	FION TO TRA	INSPORT	OIL AND N	ATURAL G	AS			
	LAND OFFICE	T 011	 - -			1996							
	TRANSPORTER	OIL											
	OBERATOR	GAS											
	OPERATOR												
I.	PRORATION OF Operator	FICE											
	1	leum (Corpo	ration of	f Texas								
	Address												
	P. O.	Box 7	752.	Breckenri	idge, Te	exas							
	Reason(s) for filing					.,	10	Other (Please	explain)				
	New Well		., -,	-	e in Transp	orter of:							
	Recompletion	Ħ		•	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense			it effective May 1.			ing Name		
	Change in Ownersh	, <u>,</u> ,,,									1965		
	Change in Ownersh	*PL		Casing	Jiloud Gas [
	If change of owner	ship give	e name	0 1 -			. O D	750 D.	1				
	and address of pre	vious ow	ner	Grarios	ge Corpo	oration, P	. О. во	x /52, Br	eckenria	ge, rexa	S		
	DECORPORAL A												
11.	DESCRIPTION (JF WEL	L AND	LEASE	l w	ell No. Pool Na	me. Includin	g Formation	 	Kind of Lea	se		
	İ			!	"		_	_		State, Feder		State	
	Morgan State					4 Capito	ck Quee	пцеа		1		State	
	Location	_	_			••		1000					
	Unit Letter	<u>E</u>	;6	60 Feet	From The	West Lin	e and	1980	_ Feet From T	`he	<u>North</u>		
		17			100		2.012			Υ		_	
	Line of Section	17	T	ownship	138	Range	32E	, NMPM,		Lea		County	
III.	DESIGNATION (ivė address to	aubich consor	ed come of th	in form in to	he sent	
	Name of Authorized	-			r Condensat	_					ia joini ia io	oe sens,	
	Indiana Oil							Box 1725,					
	Name of Authorized	Transpor	rter of C	asinghead Gas	or I	ory Gas 🗀	Address (C	live address to	which approv	ea copy of th	is jorm is to	De sens)	
	None												
	If well produces oil	or liquid	.s, .	Unit	Sec. Tv	wp. Rge.	Is gas acti	adly connecte	d? Whe	n			
	give location of tar	ıks.		E	17	13S 32E	<u> </u>	No	<u> </u>				
	If this production	is commi	ngled w	vith that from	any other	lease or pool,	give commi	ingling order	number:				
			-		-		-						
	COMPLETION I	DATA								T-21	+	72	
			omnlet	ion = (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Restv.	
	Designate Ty		omplet			!		 	Deepen	· ·	Same Res'v	Diff. Res'v.	
			omplet		Oil Well	!	New Well Total Dept	 	Deepen	Plug Back	Same Restv	Diff. Restv.	
	Designate Ty		omplet			!	Total Dept	th	Deepen	P.B.T.D.	i i	. Diff. Restv.	
	Designate Ty		omplet	Date Comp		Prod.		th	Deepen	· ·	i i	r. Diff. Res*v.	
	Designate Ty		omplet	Date Comp	l. Ready to	Prod.	Total Dept	th	Deepen	P.B.T.D. Tubing Dep	th	r. Diff. Res*v.	
	Designate Ty		omplet	Date Comp	l. Ready to	Prod.	Total Dept	th	Deepen	P.B.T.D.	th	Diff. Res'v.	
	Designate Ty Date Spudded Pool		omplet	Date Comp	l. Ready to	Prod.	Total Dept	th	Deepen	P.B.T.D. Tubing Dep	th	Diff. Res'v.	
	Designate Ty Date Spudded Pool		omplet	Date Comp	l. Ready to	Prod.	Total Dept	as Pay		P.B.T.D. Tubing Dep	th ng Shoe		
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(Signature) Charles W. Smith Office Manager (Title) May 1, 1965 (Date)

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.