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DISTRIBUTION	NEW MEXICO OIL			C	C 104 1 C 1
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	s Services, Box 763, Hob		, ;,		
Reason(s) for filing (Check proper b	oox)	Other (Please	explain)		
New Well	Change in Transporter of:	_			
Recompletion	Oil Dry C	Gas			
Change in Ownership	Casinghead Gas Cond	lensate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AN	D LEASE				
Lease Name	Well No. Pool Name, Including	i	Kind of Lease		Lease No.
Queen Com	1 North Bagle	y Lower Penn	State, Federal or	Fee Fee	-l
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Line of Section 20	Township 11 S Range	33 E , NMPM,	Lea		County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	GAS			
DESIGNATION OF THE PARTY	Oil K or Condensate	Address (Give address to	o which approved	copy of this form is	o be sent)
Name of Authorized Transporter CI	OII I				
Name of Authorized Transporter of		Box 3119. Midl	and. Texas		
The Permian Corporat	tion	Box 3119. Midl	and, Texas	copy of this form is	o be sent)
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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.

A L Smith
(Signature)
Agent
Agent (Title)
8/8/68

(Date)

APPROVED				, 19	
By John	111	Du	ma	1	
BY		1			
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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.