	NO. OF COPIES RECE	LI+, o	1			
	DISTRIBUTION					
£.	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Target Producti					
	Address D. O. D. D. O. O. J.					
	P.O. Box 922, I					
	Reason(s) for filing (Check proper box					
	New We!!					
	Recompletion					
	Change in Ownership X					
If change of ownership give name and address of previous owner						
II.	DESCRIPTION O					

I.	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Target Producti  Address  P.O. Box 922, L  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership X	REQUEST  AUTHORIZATION TO TRA  on Company  ovington, New Mexico	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS	
	If change of ownership give name and address of previous owner	H. R. Denius et al	, Box 565, Artesia,	New Mexico	
II.	DESCRIPTION OF WELL AND I Lease Name Cockburn Federal Location Unit Letter 6 ; 23	Vell No. Pool Name, Including Fool 8 Corbin Queen.  10 Feet From The South Line	-Maljamar State, Federa	lor Fee Fed. NMO4242	
	Line of Section 34 Tow	mship 17S Range 3	3F , NMPM, Lea	County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas New Mexico P Name of Authorized Transporter of Cas Phillips Petroleum	ipe Line Co.  Inghead Gas or Dry Gas Company	Box 1510. Midland, Address (Give address to which approved the & Washington.	Texas 79701	
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   J   33   178   33E	Yes	1954	
IV.	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n — (X)  Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND DEOL'EST EC	DRAILOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Other First New Oil Run To Tanks  Date of Test  Other First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF	
	CAC WELL			d	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size	
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION CED 4 1073		
	I hereby certify that the rules and re Commission have been complied we above is true and complete to the	ith and that the information given !	SEP 4 1973, 19  Oriv. Signed by  BY		
	President  Aug. 29, 1973  (Da.	(e)	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		