NO. OF COPIES RECEIVED	-	**	
DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	
SANTA FE		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-
FILE	NE GOE	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS
LAND OFFICE		TO THOSE ON THE PROPERTY OF THE	- 3 2
TRANSPORTER GAS		e de la companya de l	30
OPERATOR			
PRORATION OFFICE			
Operator B. J. Graham			
Address			
Reason(s) for filing (Check proper	ts & Gas Services, Box 7	63, Hobbs, New Mexico Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership		densate 7 / / / / / /	aling H
If change of ownership give name and address of previous owner	Tenneco Oil Co., 201	W. Wall Bldg., Midland,	Texas
DESCRIPTION OF WELL AN	effective 7:00 A.M. 1		
Lease Name Dinnin "A"		Name, Including Formation Teas Yates Seven Rivers	Kind of Lease Federal State, Federal or Fee NM-0964
Location		reas lates Seven Rivers	NM-0964
Unit Letter J	1980 Feet From The South	33000	
And Salter	1760 reet from the 30001	ine and Feet Fro	m The <u>East</u>
Line of Section 23	Township 20 S Range	33 E , NMPM,	Lea County
DESIGNATION OF TRANSPO	PRTER OF OIL AND NATURAL (CAC	
Mame of Authorized Transporter of	Cil 🗶 or Condensate 🗌		proved copy of this form is to be sent)
The Permian Corpo	retion		
		Box 3119, Midland,	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas		Texas roved copy of this form is to be sent)
Name of Authorized Transporter of None - Gas TSTM			
!		Address (Give address to which app	
None - Gas TSTM If well produces oil or liquids, give location of tanks. If this production is commingled	Casinghead Gas or Dry Gas Unit Sec. Twp. Rge.	Address (Give address to which applied is gas actually connected? No	proved copy of this form is to be sent)
None - Gas TSTM If well produces oil or liquids, give location of tanks. If this production is commingled COMPLETION DATA	Casinghead Gas or Dry Gas Unit Sec. Twp. Rge. J 23 20S 331 with that from any other lease or pool	Address (Give address to which applied is gas actually connected? No	proved copy of this form is to be sent) When
None - Gas TSTM If well produces oil or liquids, give location of tanks. If this production is commingled COMPLETION DATA Designate Type of Comple	Casinghead Gas or Dry Gas Unit Sec. Twp. Rge. J 23 20S 331 with that from any other lease or poor tion $-(X)$ Oil Well Gas Well	Address (Give address to which applies and address to which address to	When Plug Back Same Resty. Diff. Res
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TITLE.

APPROVED

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.

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 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

October 28, 1966 (Date)

Agent (Title)