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_	NO. OF COPIES RECEIVED			e salagent e com		
	DISTRIBUTION	* .EW MEXICO OIL CONSERVATION COMMISSIC)		Form C-104 Supersedes Old C-104 and C-110		
	SANTA FE	REQUEST FOR ALLOWABLE Effective 1-1-65				
1	FILE	AND				
L	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE					
	TRANSPORTER					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator C. A.A. G. 3. Companyor					
	Gettly Cill Congressy					
	iddress (1997)					
	P. C. Au 209, Nobes, New Manifes (1927) d					
Ī	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:					
	Recompletion Oil Dry Gas					
	Change in Ownership Z Casinghead Gas Condensate					
ľ	change of ownership give name Fidewater (Al. Dragony, Bru 249, Hobos, Her 120, 140					
	If change of ownership give name and address of previous owner	Stdevetor (all lengary,	EUE Sala, Mudos and a rear	(1.9)		
	•					
II.	DESCRIPTION OF WELL AND I	LEASE	Financial Flind of Leas	<u> </u>	_erse l	
	Lease Name	Unit Well No. Pool Name, Including	Formation State Federal	: : cr Fee State	E6574	
	Fast Park		Training and the state of the s		120711	
	Location					
	Unit Letter C 690	Feet From The North	ine and 1950 Feet Ftom	The West		
				Lee.	~ .	
	Line of Section 10 Tov	waship 198 Pange	37E , NMEM,	1500	Saun*y	
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS	7 7 7 7 7 7		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be a					
	Nexas New	A CONTRACTOR OF THE PROPERTY O				
	Name of Authorized Transporter of Casinghead Gas K or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Entitips Retroleum Co. Phillips Rate, Texas					
	If well produces oil or liquids,	Unit Ser, Twp. Rge.	Is gas actually connected? Wh	ier.		
	give location of tanks.	c 10 19 37	Yes	1957		
	If this production is commingled wi	th that from any other lease or pool	l, give commingling order number:			
IV	COMPLETION DATA				esty, Diff. Festy.	
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same P	esty, wii reach	
	Designate Type of Completic	$\operatorname{on} = (X)$:	·		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	7 P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Freducing Formation	Top Cil/Gas Pay	Cubing Depth		
	Perforations		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS C	EMENT	
	HOLL SIZE					
	The state of the s	OD ALLOWADIE	after recovery of total volume of load oil	l and must be equal to c	r exceed top allou	
V.	TEST DATA AND REQUEST F	able for this	depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Eendin or rear	į				
	During Took	Otl-Bbls.	Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	J., 200		I İ		
	GAS WELL			Company of Company	TTA	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	i ength of Test	Bbls. Condensate/MMCF	Gravity of Condens	2.0	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condens		
	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size		

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

(Title)

(Date)

erring andorst

OIL CONSERVATION COMMISSION

OCT APPROVE J PERVICE

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.