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SANTA FE		. CONSERVATION COMMISSIC 👚 🚓	. Form C-104
<u> </u>	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1.
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	. GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	-		
Operator Getting (1)	- Caragony		
Address P. C. Dura	: 249, Friday, Par Forma	285° 0	
Reason(s) for filing (Check proper bo	ox i	Other (Please explain)	
New Well	Change in Transporter of:	Other (Fredse expinin)	
Recompletion			
Change in Ownership			
· Canad		densate	
If change of ownership give name and address of previous owner	Clickston Cli Cogony,	i deg, Hodbo, i	ion (santo 3/240
DESCRIPTION OF WELL AND	D LEASE Well No. Pool Name, Invitating	Formation Kind of Lec	
	17njt 43	i	ral or Fee State B-243
Location Unit Letter I 660	Feet From The East	dne and1980 Feet From	The South
Line of Section 16 T	ownship 198 Range	37E , NMPM,	Lea County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	11 🔀 or Condensate 🚞 참 지하다 전 자료들이		roved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas 📉 or Dry Gas	Address (Give address to which approach	oved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	Pres actually connected? Wes	1956
If this production is commingled w	with that from any other lease or pool		1970
COMPLETION DATA	Off Well Gas Well	Now Well Workover Deepen	Plan Back Same Resty, Diff. Besty.
Designate Type of Completi	ion - (X)	143W Well Workover Deepen	Fing Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Detre apadded	Date Compi. Rediy to Prod.	Total Depta	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Fubing Depth
, , , , , , , , , , , , , , , , , , , ,			130.13 _00.11
Perforations			7 epth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		32.111.021	SAGRI GEMENT
			
		1	
TEST DATA AND REQUEST FOIL WELL		after recovery of total volume of load oil lepth or be for full 24 hours)	l and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oli-Bbis.	Water - Bb/s.	Gas • MCF
-			
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 (Shut-in)	Choke Size

I. 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.

C.A. Wade (Signature)
Assen Supersintendent

Septomber (Tille) 1767

OIL CONSERVATION COMMISSION

OCT APPROVED

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.