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	SANTA FE				
	FILE			V	
	U.S.G.S.				
I.	LAND OFFICE				
	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	TRANSPORTER GAS OPERATOR				

	SANTA FE	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	TRANSPORTER GAS		•			
I.	PRORATION OFFICE					
	Operator Adams & McGahey Address					
	513 Bank Of The Southwest Bldg., Amarillo, Texas 79109					
	Reason(s) for filing (Check proper box) Other (Please explain) To provide missing well data.					
	Recompletion Change in Ownership	Oll Dry Go Casinghead Gas Conde	as Re: Case N	o. 5743 No. R-5336		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND		ormation Kind of Lea			
	Minerals Location	Well No. Pool Name, Including F 1 Bueyeros CO	S	_		
		50 Feet From The North Lin	ne and 1930 Feet From	The East		
	Line of Section 16 To	wnship 21 N Range	30 E , NMPM, Hard	ing County		
III.	DESIGNATION OF TRANSPOR					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Adams CO ₂ Plant		Address (Give address to which approved copy of this form is to be sent) 513 Bank Of The Southwest Bldg. Amarillo, Texas 79109 Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.		11/15/50		
		th that from any other lease or pool,				
3V.	Designate Type of Completion	on - (X) Oil Well Gas Well CO2	New Well Workover Deepen	Plug Back Same Res'v. Dtff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Oct. 12, 1950 Elevations (DF, RKB, RT, GR, etc.)	Nov. 14, 1950 Name of Producing Formation	847 Top Oil/Gas Pay	Tubing Depth		
	unknown Gr.		819'	Depth Casing Shoe		
	819'					
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	10"	8-5/8"	819'	109		
V.	TEST DATA AND REQUEST FOUL WELL		after recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
٠	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF		
	GAS WELL	<u> </u>				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1,750 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	Pitot		40#	4" Flow pipe		
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
	I hereby certify that the rules and a Commission have been complied v	with and that the information given	APPROVED farming 19, 1977 BY Carl Ulway TITLE CANDED TO CLOUD ST 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			
	above is true and complete to the	e best of my knowledge and belief.				
	(11)					
	John H. Coda.	emal				
-	John H. Coda, (Signa	ature)	well, this form must be accomp	vanied by a tabulation of the deviation or dance with RULE 111.		
	Partner (Title)		able on new and recompleted w			
	January 11, 1977 (Date)		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.