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	LAND OFFICE				
	TRANSPORTER	OIL	/		
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	OPERATOR		/		
1.	PRORATION OFFICE		l		
-	Operator				
	Kennedy Of				
	Address				
		Box	151	•	
	Reason(s) for filing (Check proper be				
	New Well	Ц			
	Recompletion				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR-ALLOWABLE _

Form C-104 Supersedes Old C-104 and C-110

LAND OFFICE CAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JAN 1 5 1970	Lease No. 3 3-5653
TRANSPORTER GL	a 2-5658
Comparison Com	a 2-5658
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Recoon(s) for filing (Acceptance of the proper box Casinghead Gas Condensate Casinghead Gas Casingh	a 2-5658
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Reson(s) for filing (Check proper box) New We!! Change in Transporter of: Casinghead Gas Candensate Proctive 1/1/70 Recompletion Change in Ownership give name and address of previous owner Bearing Service & Supply Co., Inc. Box 100 Artesia, N.K. III. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation State, Federal or Fee Table Lease Name Tidewaber State Address (Give address to which approved copy of this form Line of Section Township To a Day Gas Address (Give address to which approved copy of this form Name of Authorized Transporter of Casinghead Gas To a Day Gas Address (Give address to which approved copy of this form Conditional Co. C	a 2-5658
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Change in Transporter of the Recompletion Change in Ownership Casinghead Gas Dry Gas Condensate	a 2-5658
Recompletion Change in Ownership If change of ownership give name and address of previous owner Bearing Service & Supply Co., Inc. Box 100 Artesia, N.M. II. DESCRIPTION OF WELL AND LEASE Lease Name Tidewater State Tidewater State Township	a 2-5658
Change in Ownership Casinghead Gas	a 2-5658
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Line of Section 2 Township 27S Range 112 , NMPM, 23y III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	County
Line of Section 2 Township 27S Range 112 , NMPM, 23y III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	County
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HOLE SIZE CASING & TUBING SIZE DEPTH SET	CEMENT
	CLINETY
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to 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 lift, etc.)	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
GAS WELL Bbls. Condensate/MMCF Gravity of Condens	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condens	negte
Trailing Market hack pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	neate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	nsate
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OU CONSERVATION COMMISS	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISS	
VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation APPROVED APPROVED	SSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the state and complete to the best of my knowledge and belief.	SSION
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.	SSION
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. APPROVED BY TITLE	SSION , 19
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. TITLE This form is to be filed in compliance with R	SSION , 19 RULE 1104.
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. APPROVED BY TITLE	RULE 1104.

1/1/70

(Date)

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