, seeming (prost)	.			· ·		
Testing Method (pitat, back	pr., Table Pres	ss_co(shut-in)	Casing Pressur	rs (shut-ia) Cr	noke Size	·
GAS WELL Actual Prod. Test-MCF/D	_en, in of T	€8'	Bbls. Condens	ete/MMCF Gr	cavity of Condensate	
	: : : : : : : : : : : : : : : : : : :		<u></u>			
Actual Prod. During Test	C1 3 p. s		Vater + Bbls.	Ge	s-MCF	
Length of Test	jāu: J, Aras	5 5 U.F. 0	Oqstuq Pressu	C)	noke Size	
OIL WELL Date First New Off Run To 3		able for this de	pth or be for full	24 hours) cd (Flow, pump, gas lift, et		
TEST DATA AND REQ	UEST FOR ALLOW	ABLE (Test musi be a	free resovery of r	otal volume of load oil and	must be equal to or ex	ceed top all
HOLE SIZE	CASI	NG & TUBING SIZE		EPTH SET	SACKS CEM	ENT
		TUBING, CASING, AND	CEMENTING	RECORD		<u>.,</u>
Perforations				7.	epth Dasing Shoe	
Elevations (DF, RAB, RT. //	$F_{i} \circ F_{i} = F_{i} \circ F_{i}$:- : · · · · · · · · · · · · · · · · · ·		oning Depth	
Date Spudded		ne di Feda			Ti Ti Ci	
Designate Type of C	CH, F I .					
COMPLETION DATA			· · · · · · · · · · · · · · · · · · ·	The Tuesday E	on Brok - Same Best	v. Diff. Res
give location of tanks. If this production is commi				·	CHADEL U, 170	<i>.</i>
If well produces oil or light	. = .	1 - Fig. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	≨€3	Fig.	ember 6, 196	···········
Sealty Gil Con	ner i Oscipcia Gos Notae - Molifae	ੁ÷ or Dry Gasiji ਹਵਾਈ A ਰ ਾਂ	Por Hills	oddress to which approved िक्षांदिन, ार्ट्स विश	copy of this form is to E≴160	ve sent)
	exton Fibe L as	g Co	560 (1539)	o U Mard. Tekas	ŝ	
DESIGNATION OF TRA	<u>11.89 18</u> 0 30 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5	: 180 81 IURAL (13	A logo agai /f., com	edoress to which approved i	copy of this form is to	be sent)
Line of Sention 22		to the second se	2: n#	<u> </u>		County
Unit Letter "D"	=					
Location	660	Morth	660		West	
Seelly Unit	3	Fren Seven R			ree Fa ders :	_ease No
DESCRIPTION OF WEIL	January and a state of the st	- Ally Cil Govani	er y	Lynch "A" #6		, , , , , , , , , , , , , , , , , , ,
If change of ownership give and address of previous over the control of the contr	waer <u>iffoliois</u>	ormenly known ea				
Change in Ownership		hen Gas Chile	ing steer in the State of the S	n 17.53 - 東京作の に 1 7.39 8 42 - 3	gught hay, big (Marie	
Recompletion		1 27 1		roge buda e iesac s	was to the state of the state o	
Reason(s) for filing (Check) New Well	$p(r_{i+1}) \cdot r_{i} \delta_{i+1} x_{i}$	· Iranaporter a .) Dine	r Meuse explain.		· · · · · · · · · · · · · · · · · · ·
n 77 1666	<u>. Invited and a state</u>					
Address						
Operator Operator	· · · · · · · · · · · · · · · · · · ·					
OPERATOR						
TRANSPORTER GAS						
U.S.G.S. LAND OFFICE	AUT	HORIZATION TO TRA	ANSPORT OIL	AND NATURAL GAS	5	
FILE			GMA		Effective 1-1-6	
SANTA FE		NEW MEXICO OIL C	= : :	Form C-104 Supersedes Old	C-104 and C	
DISTRIBUTION	1					

VI

Commission 1	have been	complied w	egulations of the O fith and that the in best of my knowle	formation gaven			
		÷	1				
Signature .							
		Tit	le :				

Date

TITLE ____

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 allow able 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

Separare Forms C-104 must be filed for each pool in multiple conto after varius.