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	•	1	ONSERVATION COMMISSION	Form C-104
SANTA FE	<del>                                   </del>	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE			AND	
U.S.G.S.		AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS	RECEIVED
LAND OFFICE				· - D
TRANSPORTER  -	OIL GAS			JUL 3 1 1569
OPERATOR				- 25 5 1303
PRORATION OFFI	CE			<u>U. C. C.</u>
Operator		į.		ARTESIA, OFFICE
Address	<u> Programma i s</u>	<i>*</i>		
Bess	7	the state broadle or		
Reason(s) for filing (	heck proper box	<i>:)</i>	Other (Please explain)	
New Well		Change in Transporter of:		
Recompletion		Oil Dry Go		
Change in Ownership		Casinghead Gas Conde	nsate I from Skelly	
If change of ownersh and address of previ	ous owner			
Lease Name	WELL AND	Well No. Pool Name, Including F	formation Kind of Lease	Lease No.
Lease Name	1t	35 George July + Jesser		Fee
Location			_	
Unit Letter	0 : 6	60 Feet From The South Lis	ne and 1980 Feet From The	East
	<u>.                                    </u>			
Line of Section	The To	ownship Range	Tall , NMPM, AD	County
Name of Authorized	Transporter of Of デ <u>タング こい ドイム</u> Transporter of O	asinghead Gas or Dry Gas	Address (Give address to which approved  Now have the second seco	Σ',
### 1 m ma :	r it nows	1 #45 % n of	1900 1:97 - ROWELL, 174 -	9.
If well produces oil of give location of tanks	t Hdnias'	Unit Sec. Twp. Rge.	Is gas actually connected? When	( ? ) DECEORACIESE
If this production is	commingled w		give commingling order number:	786 7-1-98
. COMPLETION DA		Oil Well Gas Well	New Well Workover Deepen P	lug Back   Same Restv. Diff. Restv.
Designate Typ	e of Complet	ion - (X)		i
Date Spudded		Date Compl. Ready to Prod.	Total Depth P	.B.T.D.
Elevations (DF, RKB	, RT, GR, etc.,	Name of Producing Formation	Top Cii/Gas Pay	ubing Depth
Perforations			2	Pepth Casing Shoe
		TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE	SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
- NOCE				
		<del> </del>		
	REQUEST	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load cil and depth or be for full 24 hours)	must be equal to or exceed top allow
OIL WELL Date First New Oil F	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		· · · · · · · · · · · · · · · · · · ·		Complete of Complete on the Complete of Complete on the Comple
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 COMPLIA	NCE	OIL CONSERVAT	ION COMMISSION
			ABBROVED	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.

above is	true and	complete to the pest of it	y knowledge and bestes.
3		1 200	
7		4-1/1/	
	1	Hotelina	
		(Signature)	
		16-06-16-12-12-12-12-12-12-12-12-12-12-12-12-12-	
		(Title)	
		(Data)	

, 19. grissita OIL AND GAS INSPECTOR 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 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.