NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE / FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator	REQUEST AUTHORIZATION TO TRA	COISERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
Address 170 South Beverly D Reason(s) for filing (Check proper New Well Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	Other (Please explain) Wagenseller and Jicarilla Apache	
and address of previous owner _			
II. DESCRIPTION OF WELL AS	Well No. Pool No	ame, Including Formation	Kind of Lease State, Federal or Fee
		ne and 1750 Feet From	m The ECounty
II. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	ıs	
Name of Futhorized Transporter of			proved copy of this form is to be sent) proved copy of this form is to be sent)
Name of Futhorized Transporter of TPNA If well prainces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Farmington, New Mex	
If this production is commingled V. COMPLETION DATA	I with that from any other lease or pool,	give commingling order number:	
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	FOR ALLOWABLE (Test must be	after recovery of total volume of load of lepth or be for full 24 hours)	oil and must be equal to or exceed top allow-
OIL WELL Date First New Cil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gay-PEL /ED
GAS WELL			AUG 31 1965
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPL	IANCE		VATION COMMISSION
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 AUG 3 1 1965 BY Original Signed Emery C. Arnold	
		TITLE Supervisor Dist. # 3	
Original Signed by	Morris 8. Jones (Signature)	If this is a request for all	in compliance with RULE 1104. lowable for a newly drilled or deepened apanied by a tabulation of the deviation acordance with RULE 111.

Engineer

(Date)

August 30, 1965

Fill out Sections I, II, III, and VI only 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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.