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NO. OF COPIES RECEIVED	<del></del>					/
DISTRIBUTION	— NEW	MEXICO OIL C	CONSERVATION CON	MISSION	5	
SANTA FE	: 		FOR ALLOWABLE		Form C-10 Supersede	4 s Old C-104 and C
FILE			AND		Effective	
U.S.G.S.	AUTHORIZA	TION TO TRA	ANSPORT OIL AND	NATURAL C	SAS	
LAND OFFICE						
TRANSPORTER GAS /						
OPERATOR 6	<del>-</del>					
PRORATION OFFICE						
Guli Gil Corporation						
P. J. Sun 670, Hobben	, Per Percent of	240				
Reason(s) for filing (Check proper bo	ox j	7	Other (Plea	ise explain)		<del></del>
New Well	Change in Transp	orter of:				
Recompletion	Cil	Dry Go	is	े । ज्यानात्रम	ich elfontin	the Budged of
Change in Ownersh	Casinghead Gas	Conder	nsate			
If change of ownership give name and address of previous owner		s Cal Frod	using Gorang.	P. J. Dom	74. Máles	el. Carrier
DESCRIPTION OF WELL AND		_				Was 1948
Lease Name Apache Federal	Well No Pool M	ame, including F		Kind of Lease		Lease No
Location		Basin Dakot	······································	State, redera	or Fee <b>Indian</b>	
Unit Letter ; 9	Peet From The	north Lin	ne and	Feet From T	The West	t
Line of Section 7	ownship 24N	Range	5W , NMF	PM, Rio	Arriba	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND	NATURAL GA	aS			
Name of Authorized Transporter of S.	ii or Condensa	te <b>XX</b>	Address (Give addres			
McWood Corporation Name of Authorized Transporter of C	asinghedd Gas or 1	Ory Gas 🔽	Rox 1702 1 Address (Give addres	armington	N.M.	is to be sent
Kl Paso Natural Gas			i .			13 10 00 3011)
	Unit Sec. T	wc. Bae.	Is aga actually conne	Page, Te	TAS	
If well produces oil or liquids, give location of tanks.	_	wp. Rge.	is gas actually conne	Ted? Whe	n	
give location of tanks.  If this production is commingled w	D 7 2	24N 5W	Yes	oted? Whe	unknom	
give location of tanks.  If this production is commingled w COMPLETION DATA	D 7 2	24N 5W	Yes	er number:	Unknown	Res'v. Diff. Res
give location of tanks.  If this production is commingled w	D 7 2	lease or pool,	Yes give commingling ord	er number:	Unknown	Res'v. Diff. Res
give location of tanks.  If this production is commingled w COMPLETION DATA  Designate Type of Complete	D 7 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	lease or pool, Gas Well	Yes give commingling ord New Well Workever	er number:	Unkneen	Res'v. Diff. Res
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(Signature) then from the lan

(Title)

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(Date)

This form is to be filed in compliance with RULE 1104.

**EUPERVISOR DIST. #3** 

TITLE .

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