NO. OF COPIES RECEIVED				I	
DISTRIBUTION					
SANTA FE		O OIL CONSERVATION COM	MISSION	Form C-104	1
FILE	RE	QUEST FOR ALLOWABLE		Supersedes	Old C-104 and C
U.S.G.S.		AND		Effective 1	-1-65
LAND OFFICE	AUTHORIZATION	TO TRANSPORT OIL AND	NATURAL C	GAS	
TRANSPORTER OIL /					
GAS					
OPERATOR 7				Strelate Off Corpora	tion Merged
PRORATION OFFICE Operator				antic Richtie	ig Combant
! .	Gas Company  Tower Building,	LAIR OIL CORPORAT	ICIN	to March 4	1969
Address 501 Lincol	n Tower Building,	Denver, Colorad	to 80203		
X92XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	x <b>Factorax</b> Bunk Bidgx	X Bohr Moren X Aprile :	XXXXXXXX		
Reason(s) for filing (Check proper t	ox)	Other (Pleas	e explain)		
New Well	Change in Transporter of:	: 1	·	22 1 -	_
Recompletion	Oil <b>X</b>	Dry Gas	rom o	me Was	₹
Change in Ownership	Casinghead Gas			RCH 1, 1967	
If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AN Lease Name	D LEASE   Well No.   Pool Name, Inc		Kind of Lease		Lease No
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location	D LEASE   Well No.   Pool Name, Inc	Sallerp	State, Federal		
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter;;	D LEASE  Well No. Pool Name, Inc.  Tal 1 Kutz  79 Feet From The	Sallerp	State, Federal	The Wis	
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter; Line of Section 32  DESIGNATION OF TRANSPO	D LEASE  Well No. Pool Name, Inc.  Rutz  79 Feet From The Lever  Cownship 28N Ra  RTER OF OIL AND NATUR	Sallup  th_Line and 990  inge // ll', NMPN  RAL GAS	State, Federal Feet From T	The West	County
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter;;  Line of Section 32	D LEASE  Well No. Pool Name, Inc.  Rutz  79 Feet From The Lever  Cownship 28N Ra  RTER OF OIL AND NATUR	Sallup  th_Line and 990  mge 1/111', NMPN	State, Federal Feet From T	The West	County
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter	D LEASE  Well No. Pool Name, Inc.  Pownship 28N Ra  RTER OF OIL AND NATUR OIL TO CONDENSATE	Sallup  th_Line and 990  ange // (C', NMPN)  AAL GAS  Address (Give address P. O. BOX 3	Feet From T  San Ju  to which approve  119. MIDLE	The TUESON Pede Copy of this form to AND. TEXAS	County is to be sent) 79701
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter  Line of Section 32  DESIGNATION OF TRANSPO Name of Authorized Transporter of 6	D LEASE  Well No. Pool Name, Inc.  Pownship 28N Ra  RTER OF OIL AND NATUR OIL TO CONDENSATE	Sallup  th_Line and 990  ange // (C', NMPN  AAL GAS  Address (Give address  P. O. BOX 3	Feet From T  San Ju  to which approve  119. MIDLE	The TUESON Pede Copy of this form to AND. TEXAS	County is to be sent) 79701
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DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter  Line of Section 33  DESIGNATION OF TRANSPO Name of Authorized Transporter of C  THE PERMIAN CORPOR Name of Authorized Transporter of C	D LEASE  Well No. Pool Name, Inc.  Rutz  Pownship 28N Ra  RTER OF OIL AND NATUR OIL TON  Casinghead Gas or Dry Gas	Sallup  th_Line and 990  mge // ll', NMPN  AAL GAS  Address (Give address  P. O. BOX 3  Address (Give address	Feet From T  A, San J  to which approv to which approv	The TURN  The Copy of this form to the copy of the copy o	County is to be sent) 79701
DESCRIPTION OF WELL AN Lease Name  Krause WN Fede Location  Unit Letter  Line of Section 32  DESIGNATION OF TRANSPO Name of Authorized Transporter of C  THE PERMIAN CORPOR Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled	Pour Sec. Twp.	Sallerp  thLine and 990  ange // (L' , NMPA  Address (Give address P. O. BOX 3  Address (Give address  Page. Is gas actually connect	Feet From T  Sen Ju  to which approv  119, MIDLA to which approv  ed?  Whe	The TURN  The Copy of this form to the copy of the copy o	County is to be sent) 79701
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(Test must be after recovery of total volume of load oil and must be gade to able for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.) V. TEST DATA AND REQUEST FOR ALLOWABLE top allow-OIL WELL Date First New Oil Run To Tanks Date of Test Choke Sta B Length of Test Tubing Pressure Casing Pressure . .JO# <del>com com</del> Actual Prod. During Test Oil-Bbla. Water - Bble. DIST. \$

DEPTH SET

CASING & TUBING SIZE

**GAS WELL** 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

TITLE .

## VI. CERTIFICATE OF COMPLIANCE

HOLE SIZE

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.

mr. E. Bren	. A			
(Signature)				
CHIEF OFFICE	CLERK			

(Title) FEBRUARY 17, 1967

## OIL CONSERVATION COMMISSION

APPROVED. \_, 19\_ C. Arnold BY. FOLEA 残り

SACKS CEMENT

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.