HO. OF COMICS RECEIVED			
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.3.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	
PROBATION OFFICE			

	SANTA FE /		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	GAS		
	TRANSPORTER OIL /					
	OPERATOR 2					
I.	Operator Operator					
	Suburban Propane Gas Corporation  Address					
		9, San Antonio, Texas 78				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion Change in Ownership X	Oil X Dry Go Casinghead Gas Conde	<b>≒</b> 1			
			klahoma, Ltd., 3001 Londo	77.		
	and address of previous owner.	505 Fourth Are SW, Calga	ary, Alta Canada T2P 0J8	on house		
II.	H. DESCRIPTION OF WELL AND LEASE    Lease Name					
Southeast Cha Cha Unit #27 Gallup Cha Cha State, Federal or Fee SF-077968						
	Unit Letter N : 810	Feet From The South Lir	ne and 2130 Feet From 7	The West		
	Line of Section 16 Tow	mship 28 North Range 13	B West , NMPM,	San Jaun County		
m.	DESIGNATION OF TRANSPORT		AS			
	Name of Authorized Transporter of Oli Plateau Inc.	X or Condensαte □	Address (Give address to which approved 1921 Bloomfield Blvd.	ed copy of this form is to be sent) , Farmington, NH 87401		
	Name of Authorized Transporter of Cas El Paso Natural Gas Co		Address (Give address to which approx Box 990, Farmington, 1			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	If this production is commingful wit	h that from any other lease or pool.	give commingling order number:			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations	L		Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	:, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	OII - Bbls.	Water - Bbls.	Gas-MCF		
				<u> </u>		
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.) s	Tubing Pragaura/Shut-in)	Casing Pressure (Shut-in)	Choke Size		
¥1.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		BY				
		STPERVISOR DISE, #3				
		TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable 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-				
Rocky Mountain Area Superintendent						
						7- 70-
	(Dat	(e)	well name or number, or transport	er, or other such change of condition.  be filed for each pool in multiply		
			Separate Forms C-104 must complated wells.			