NO. OF COPIES RECI	EIVED	6	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	17	
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L	DISTRIBUTION	NEW MEXICO OIL. CO	NSERVATION COMMISSION	Form C-104
Γ	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110
Ī	FILE 1		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL O	SAS
H	LAND OFFICE	AUTHORIZATION TO TRA		
H	OIL I			
1	TRANSPORTER			
-	GAS			
	OPERATOR /			
1.	PRORATION OFFICE	<u> </u>		
ĺ	Operator			
L	C. M. Paul			
	Address	. Nonico		
- 1	Box 234, Farmin	ngton, New Mexico		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
- 1	Recompletion	Oil Dry Gas	: 🔲	
l	Change in Ownership	Casinghead Gas Condens	sate	
ı				
1	If change of ownership give name	77 F070 0 F070 T	Main Dominaton House	Movi co
	and address of previous owner	Skelly 011 Co., 3701 E.	Pain, Parming Con, New	TEATOO
Ш.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.
i	Lease Name		0	n or Fee Federal
	Mexico Federal M	1 Blanco - Mesa	Verde State, Feder	The rece received
	Location	0.		111 -
	Unit Letter K ; 185	50 Feet From The South Line	e and	The West
	Olif Letter		, -	
	Line of Section 12 Tow	vnship 31N Range 1	3W , NMPM, Sa	n Juan County
	Zinc or occuon			
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
			P. O. Box 3119, Midla	
	The Permian Corporation Name of Authorized Transporter of Case	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhedd Gds [] Of Dify Gds (C)	l e e e e e e e e e e e e e e e e e e e	
	El Paso Natural Gas Co).	Box 990, Farmington,	hen
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	nei:
	give location of tanks.	K 12 31N 13W	Yes	
	Testin and distinction in commingled with	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	that from any other reasons of press,		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	on = (X)		
	Date Coulded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
				1
	Date Spudded			j
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
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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.

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