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	e location of tank	TURAL G	AS CON	IPANY Juli Sec. E 9	Twp.	Rge. 11 W	Box 9	990, Farmi	ington,	New Mex		to be sent)
		TURAL G	4S CO.'				Box 9	990, Farm	ington,	New Mex		to be sent)
É	Name of Authorized Transporter of Casinghead Gas or Dry Gas X. EL PASO NATURAL GAS COMPANY					Address	(Give address	to which one	tovea con∾	of this form is:	to be sent!	
i E	Name of Authorized Transporter of Cil or Condensate X EL PASO NATURAL GAS OCMPANY					Box 990, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)						
II. DES	SIGNATION O	F TRANS	PORTI	ER OF OIL	AND NAT	TURAL GA	Address	(Give address	to which ann	roved conv	of this form is	to be sent)
	Line of Section	9	Town	ship 31N		Range 11	W	, NMPN	, San Ju	ıan	·····	County
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Reo	son(s) for filing					· · · · · · · · · · · · · · · · · · ·		Other (Pleas	e explain)			
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I. PR	PROFATION OFFICE											
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13/2/1

GAS WELL			
Actual Prod. Tost-MCF/D A.O.F. 2001	Length of Test 3 hours	Bbls. Condensate/MMCF	Gradity of Goddenedie
Testing Method (pitor, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 870	Caming Pressure (Shut-in) 870	3/4"

AL CERTIFICATE OF COMPLIANCE

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.

• • • • • • • • • • • • • • • • • • • •	·	
Seann	Brodheid	
	(Signature)	
	Drilling Clerk	
	(Title)	

7/14/78 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPRO	VED		<u>į</u>	in the second	<i>;</i>	, 19	
BY	Original	Signed	by	FRAME Y	TAVEZ		
TITLE						3	

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.