NO. OF CUPIES RECEIVED		TRATICAL CONTRACTOR	Form C-101
DISTRIBUTION	REQUEST FOR ALLOWABLE		Supersedes Old C-101 and C-110
SANTAFE	REQUEST F		Effective 1-1-85
FILE	ALTUODIZATION TO RUN	AND RIZATION TO TRAISPORT OF AND HATURAL GAS	
U.S.G.S.	AUTHURIZATION TO FRAM	SPORT OF AND BUILDING OF	10
LAND OFFICE			
TRANSPORTER OIL			·
GAS			
OPERATOR			
PRORATION OFFICE			
Operator	~ 26		
Venieco (Jack Company		
Address	and the state		
100 1031	Robert Landy of	Other (Please explain)	
Reason(s) for filing (Check proper box)		Omer (Preuse explaint)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	FI ne and	
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner	4		
and address of previous owner		1. 44 - 1	7
DESCRIPTION OF WELL AND I	EASP		······································
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Unit Letter;;	L/Feet From The		
	nship 9-5 Range 3	, NMPM,	Jeal County
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DESIGNATIÔN OF TRANSPORT	or Condensate		red copy of this form is to be sent)
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Name of Authorized Transporter of Cas	Inghead Gas To or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
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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.

A.J. Comes	
(Signature)	
DVit Production Concerned	
(Title)	
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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 allow-able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, the section of the section of the such change of condition.