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SANTA FE			VATION COMMISSION	Form C-104	0.101
FILE		EEQUEST FOR A	LEOWABLE	Supersedes Old Effective 1-1-65	
U.S.G.S.		AND	TOL AND NATURA	1.045	
LAND OFFICE		aller i Dia KANar Or	T GIL AND NATURA	LGAS	
TRANSPORTER OIL				· · · · · · · · · · · · · · · · · · ·	
GAS	• Md k = 4				
OPERATOR PRORATION OFFICE	;				
Delaware-Apache Go: Address	rooration				
Reason(s) for filing (Check proper to.			(Please explain)		
New Well	Change In Trace in	and the			
Recompletion		Drv Jas (
Change in Ownership	. x inghead Gos]	· · · · · · · · · · · · · · · · · · ·	
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND) LEASE				
Lease Name Sinclair-State	OG-85 ¹ 4	i da Poel Vare, izelu da Undesigna	ille formation matched 2 attend (Bough) Barns	and Kind of Lease Ang State, Federal or Fee	State
Location Unit Letter <u>P</u> / 5 ¹			K. 315.	om The East	
Line of Section 3 To	ownship <u>10-5</u>	Barge <u>33-1</u> 1	, NMPM,	Lea	County
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I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of	il 🔀 or Condensats	Addres			be sent)
Permian Transporta Name of Authorized Transporter of Co	tion Company	P. (). 30x 3119, Mid	land, Texas	
Name of Authorized Transporter of Co	asingheo: Gas <u>—</u> — C.D.	y Gas 🛄 👘 Addres	in the address to which ap	proved copy of this form is to	be sent)
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If well produces oil or liquids, give location of tanks,		S~∋ 33-₽			
If this production is commingled w.					
COMPLETION DATA	ten that have any other.		an o Cing order number:		
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Roy U. Rewes	Roy	E.	
(Signature)			
Production Clerk			

(Title) September 30, 1956 (Date) TITLE

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.