DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PROBATION OFFICE CHOMMENT	REQUEST F	ONSERVATION COMMISSIUN OR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Form C +104 Supersedes Old C+104 and C+116 Eliactive 1-1-65
Actives BOX 68, HOBBS, N. M. 88240 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Sive name and address of previous owner		$\square I I I I I I I I I I I I I I I I I I I$	2 -12-72
DESCRIPTION OF WELL AND Lease Name NEW MEXICO "A" STATE Location Unit Letter;66	Well No. Pool Name, Including Fo 1 INBE PERMO	PENN State, Federal o	
Line of Section 14 To	wnship 10 Range	33 , ммрм, LEA	County
DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	copy of this form is to be sent;
Nome of Authorized Transporter of Ca	einghead Gae 📄 or Dry Gae 📄	Address (Give address to which approved	d copy of this form is to be sent;
if well produces oil or liquids, Unit Sec. Twp. P.ge. give location of tanks.		is gas actually connected? When	
If this production is commingled wi 1. COMPLETION DATA	th that from any other lease or pool,	give comminging order number:	
Designate Type of Completing	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.),	Name of Producing Formation		Tubing Depth
Perforations	<u></u>	1	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	······································
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			······
V. TEST DATA AND REQUEST F OIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil an pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oli-Bbis.	Water-Bbis,	Gas • MCF
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
/I. CERTIFICATE OF COMPLIAN	NCE		
I hereby certify that the rules and Commission have been complied above is true and complete to th Gen HIMICC	i regulations of the Oil Conservation with and that the information given he best of my knowledge and belief. Makum	APPROVED Jee D Ramey BY Jee D Ramey TITLE This form is to be filed in co	1974
ADMINISTRATIVE A	SSY ANT.	well, this form must be accompan tests taken on the well in accord All sections of this form mus able on new and recompleted well	t be filled out completely for ellow