<b>1</b> .	Coronado Explo	REQUEST F	ISPORT OIL AND NATURAL GA MAY O.	Dum C+194 Superiorder Old C-104 and C-1. Effective 1-1-05 ECEIVED IS 8 1981 C. D. MA OFFICE
	Address 1005 Marquette Reoson(s) for filing (Check proper box) Hew Well Recompletion Change in Ownership If change of ownership give name		Other ( <i>Please explain</i> ) Change J.P. White original tank. I	"D" #2 back to its t will no longer be in- e tank battery as the
end eddress of previous owner				
II.	DESCRIPTION OF WELL AND L Lease Home J.P. White "D" Location Unit Letter <u>C</u> : 66	EASE Pool Name, Including For   2 Racetrack SA   0 Feet From The North Line	and 1980 Feet From Ti	heWest
	Line of Section 20 Town	nship 10S Hange	28E , NMPM, Chav	76S County
111.	DESIGNATION OF TRANSPORT None of Authorized Transporter of Oil Navajo Crude Oil Purcha None of Authorized Transporter of Cast	asing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave. Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	Is gas getually connected? When We	6
3 <b>V</b> .	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	h that from any other lease or pool, f	rive commingling order number:	Plug Back Same Restv. Dill. Festv. F.B.T.D.
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oti/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
		````		
v	TEST DATA AND REQUEST FOR ALLOWABLE   (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou- able for this depth or be for full 24 hours)     OIL, WEIL   Producing Method (Flow, pump, gas lift, etc.)     Date First New Oil Bun To Tanks   Date of Test			
	Longth of Test	Tubing Pressure	Casing Pressure	Cheke Size
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL Actual Frod. Tout-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
۲I	L CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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 beat of my knowledge and belief.		APPROVED	
3	Gai Guralls (Signature) Production Secretary (Title) May 7, 1981 (Dute)		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepene 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 cut completely for allow able 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 Fours C-104 must be filled for each pool in multiple contributed wells.	