DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE U.S.G.S. LAND OFFICE	_	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER GAS	-		/UR 2 4 1968
OPERATOR / PRORATION OFFICE Operator			ANTELIA OFFICE
Address 301 Sooker Smildir Reason(s) for filing (Check proper box	rtesia, hex		
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	nsate 🔲	
If change of ownership give name and address of previous owner	mes / Reese fil Comp	301 Booker f ang Artesia, n. M	sldg.
II. DESCRIPTION OF WELL AND Lease Name itastic Location	Well No. Pool Name, Including F 6 出版pire		or Fee Ped LC-045818A
7.0	waship 17 Range	1020 Feet From T	he West County
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cit	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	ed copy of this form is to be sent)
Name Shanderer innscrepore	And Gas or Dry Gas	Add OX (Bull Adress Midland pv	Region of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 18 17 28	Is gas actually connected? When	n
V. COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	d		Depth Casing Shoe
	T	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a 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	Oil-Bbls.	Water-Bbis.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
T CERTIFICATE OF COMPLIAN		OU CONSERVA	

IV

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.

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1 Denie Ma	×19000		
	(Signature)		
(lgut	(Title)		
4-18-68			_
	(Data)		

APPROVED TITLE 14 480 GAS HISPEGICA

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.