NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE /		T FOR ALLOWABLE	Superseaes Ola C-104 and C-
FILE /-	1	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATUR	AL GAS
LAND OFFICE			
TRANSPORTER GAS	_		RECEIVED
OPERATOR #			MAR 3 1 1965
Operator	./		_
International 011	& Gas Corporation		O. C. C. ARTESIA, OFFICE
P. O. Box 427, AT Reason(s) for filing (Check proper bo	tesia, New Mexico	10th - (DI	1
!		Other (Please explain,)
New Well Recompletion		March 28, 196	ster injection well on
Change in Ownership	Casinghead Gas Con	idensate 1141011 20 13	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI			Kind of Lease
Lease Name	Well No. Pool	Name, Including Formation	
McCallister Fader	al 6	High Lonesome Queen	State, Federal or Fee Federal
	190 Feet From The North	Line and 2310 Feet	From The Rock
Line of Section	ownship 160 Range	, n , r , r	Comple
Line of Section 15 , T	Township 16 S Range		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	29 E. , NMPM,	-Eddy County
	RTER OF OIL AND NATURAL	29 E. , NMPM,	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL Dil or Condensate	QAS Address (Give address to which	-Eddy County
DESIGNATION OF TRANSPORMAND	RTER OF OIL AND NATURAL Oil or Condensate Casinghead Gas or Dry Gas Unit Sec. Twp. Rge.	Address (Give address to which Address (Give address to which Address (Give address to which Is gas actually connected?	Eddy County approved copy of this form is to be sent)
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VI. CERTIFICATE OF COMPLIANCE

IV

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

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.

Haull E. Busin	
(Signature)	
District Engineer	

(Title)

March 30, 1965

Length of Test

Tubing Pressure

OIL CONSERVATION COMMISSION MAR 3 1 1965

Gravity of Condensate

Choke Size

Constrong ME AND DAY INSPERSION TITLE

Bbls. Condensate/MMCF

Casing Pressure

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 Sections I, II, III, and VI only 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.

