NO. OF COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATIO
SANTA FE	<b>-1</b>	FOR ALLOY
FILE	<del>-</del>	AND
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OI
LAND OFFICE		
TRANSPORTER GAS		<b>\</b>
OPERATOR )	-	
PROPATION OFFICE		
C.E. LaRue and	B.N. Muney, Jr.	
P O Box 196 A	rtesia, N.M. 88210	
Reason(s) for filing (Check proper box		Oth
view Weil	Change in Transporter of:	
Recompletion	Oil Dry Go	
hange in Ownership	Casinghead Gas Conde	isdle
change of ownership give name address of previous owner	Cecil L Brown Box 826 A	rtesia, No
DESCRIPTION OF WELL AND	LEASE   Well No. Pool Name, Including F	ormation
Lease Name <b>Hollis</b>	2 Square Lake (	
Location		
Unit Letter / K ; 196	Feet From The <b>West</b> Lir	ne and <b>1980</b>
Line of Section 36 To	wnship 168 Range	298
	TOP OF OUR AND NATURAL CA	ıc
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Giv
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Texas New Mexico Pi	peline singhead Gas or Dry Gas	P O Box Address (Giv
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If well produces oil or liquids, give location of tanks.  If this production is commingled with this production is commingled with the completion of tanks.  Designate Type of Completion to the spudded Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Unit Sec. Twp. Rge.  F 36 168 298  ith that from any other lease or pool,  on - (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)	Address (Give Is gas actual give comming New Well Total Depth Top Oil/Gas  D CEMENTIN  after recovery of epth or be for for Producing M  Casing Press  Water-Bbls.  Bbls. Conde

DISTRIBUTION SANTA FE	, NE		_	ONSERVATION	ON COMMISSION	Form C-104 Supersedes O	0ld C-104 and C-110
FILE	‡		.QOLJ1	AND	ADEL	Effective 1-1	-65
U.S.G.S.	ALITHODIZ	ATION	TO TRA		L AND NATURAL (	242	
LAND OFFICE	- AUTHORIZ		10 110	1101 0101 01	- 110 111 01116		* *
OIL \	1					i '	
TRANSPORTER GAS	-			1			
OPERATOR	4						
Operator							
C.E. LaRue and	B.N. Muncy,	Jr.					
Address P O Box 196 A	rtesia, N.M.	88210				<del>, · · · · · · · · · · · · · · · · · · ·</del>	
Reason(s) for filing (Check proper box				Oth	er (Please explain)		
New Well	Change in Tran	nsporter c	f:				
Recompletion	Oil		Dry Go	ıs 🗆			
Change in Ownership	Casinghead Ga	.s 🗂	Conde	nsate			
If change of ownership give name and address of previous owner		Box	<b>8</b> 26 A	rtesia, N	W Mex. 88210		
DESCRIPTION OF WELL AND	Well No. Pool	l Name, I	ncluding F	'ormation	Kind of Leas	se	Lease No.
Hollis	1		Lake (		State, Feder	alor Fee State	E785
Location						0 40 64	-177
	80 <u> </u>	<b>u</b> _	et .	ne and <b>1980</b>	Pack Pace	The South	1
Unit Letter K ; 19	Feet From Th	e ====	DtLir	ne and 1700	reet rom	The Actifu	
Line of Section 36 To	wnship 163	F	Range	298	, NMPM, Edd	ty	County
Line of Section 30	with the second	<u> </u>		4/4			
DESIGNATION OF TRANSPOR	TER OF OIL AN	D NATI	RAL GA	AS			
Name of Authorized Transporter of Oi	l or Conder	.sαte		Address (Give	e address to which appro	oved copy of this form is	s to be sent)
Texas New Mexico Pi				P O Box	1510, Midland	Texas 797	) (
Name of Authorized Transporter of Co	ısinghead Gas	or Dry Go	rs 🗀	Address (Giv	e address to which appro	oved copy of this form i	s to be sent)
	Unit Sec.	Twp.	P.ge.	Is gas actual	ly connected? Wi	nen	
If well produces oil or liquids, give location of tanks.		165	29E		1		
					ling and a number /	TB 102	
If this production is commingled w	ith that from any otl	her lease	e or pool,	give comming	ling order number.	115 / 0	
COMPLETION DATA	Oil We	ell [C	as Well	New Well	Workover Deepen	Plug Back   Same F	es'v. Diff. Res'v.
Designate Type of Completi	on $-(X)$				į		
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formatio	on.	Top Oil/Gas	Pay	Tubing Depth	
Perforations						Depth Casing Shoe	
	TUBI	NG. CAS	ING. AN	D CEMENTIN	G RECORD		
HOLE SIZE	CASING & T				DEPTH SET	SACKS C	EMENT
HOLE SIZE	0,10,110						
	+						
	<del> </del>			<del></del>			
					total volume of load oi	l and must be equal to c	r exceed top allow-
TEST DATA AND REQUEST I	OR ALLOWABLE	L (les: able	for this d	epth or be for fu	ill 24 hours)	t diff liter be equal to a	
OIL WELL Date First New Oil Run To Tanks	Date of Test		<u> </u>		thod (Flow, pump, gas	lift, etc.)	
Edito / Mat How Cir Ham 10 1 mm							
Length of Test	Tubing Pressure			Casing Press	inte	Choke Size	
Length of rest				1			
Actual Prod. During Test	1						
Actual Float Dailing 1001	Oil-Bbls.			Water - Bbls.		Gas-MCF	
	Oil-Bbis.			Water - Bbls.		Gas - MCF	
	Oil-Bbis.			Water-Bbls.		Gas - MCF	
CAG WELL	Oil-Bbls.			Water - Bbls.		Gas - MCF	
GAS WELL				Water - Bbls.  Bbls. Conde	leate/MMCF	Gas - MCF  Gravity of Condense	ıt <b>e</b>
GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls.  Length of Test				isate/MMCF		ıt <b>e</b>
Actual Prod. Test-MCF/D	Length of Test	Shut-4n	)	Bbls. Conder			ut•
		Shut-in	)	Bbls. Conder	nsate/MMCF sure (Shut-in)	Gravity of Condense	xt•
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Actual Prod. Test-MCF/D	Length of Test Tubing Pressure	Shut-in	)	Bbls. Conder	sure (Shut-in)	Gravity of Condense	
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Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  Liberary certify that the rules and	Length of Test  Tubing Pressure (	Oil Con	servation	Bbls, Conder	OIL CONSERV	Gravity of Condense Choke Size	
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN	Length of Test  Tubing Pressure (	Oil Con	servation	Bbls. Conder	OIL CONSERV	Choke Size	ON

2 4 M	
A. Muncy,	<b>A</b>
10/	(Signature)
Operator	

May 1, 1972

(Title)

(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.