	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OU C	ONSERVATION COMMISSION	Form C-104
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE /-		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
	LAND OFFICE			
	TRANSPORTER GAS /			
	OPERATOR /			JAN 10 1958
1.	PRORATION OFFICE			
	Operator	/		
	Hal M. Stierwa]	L t		
		Roswell, N . M.		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	s 🔲	
	Change in Ownership	Casinghead Gas Conder	sate	
	If change of ownership give name			
	If change of ownership give name and address of previous owner	umble 0 &R Co. Hobb	s. N.M.	
	DESCRIPTION OF WELL AND	BACE		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
	M. M. "BC" State	5 West Henshaw	Grayburg State, Federal or	Fee State E-5131
	Location			
	Unit Letter p ; 3306	Feet From The South Lin	e and 660 Feet From The	East
	Line of Section 2 Tow	nship 16 South Range 30	East , NMPM, Eddy	County
***	DESIGNATION OF TRANSPORT	CED OF OIL AND NATURAL CA	.c	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)
	1			
	Continental Pinel:	ine Co.	P.O. Bex 367 Artesis	a . N.M.
	Continental Pipel: Name of Authorized Transporter of Cas	ine Co.	P.O. Bex 367 Artesis Address (Give address to which approved	copy of this form is to be sent)
	Continental Pipel: Name of Authorized Transporter of Cas Skelly Oil Co.	ine Co. Inghead Gas or Dry Gas	Address (Give address to which approved Funics N.K.	copy of this form is to be sent)
	Name of Authorized Transporter of Cas	Unit Sec. Twp. Rge.	Eunics , N.M. Is gas actually connected? When	copy of this form is to be sent)
	Name of Authorized Transporter of Cas Skelly Oil Co. If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. T 2 16 30 E	Address (Give address to which approved Eunics N.M. Is gas actually connected? When Yes	copy of this form is to be sent)
	Skelly Oil Co. If well produces oil or liquids, give location of tanks. If this production is commingled wit	Unit Sec. Twp. Rge. T 2 16 30 E	Address (Give address to which approved Eunics N.M. Is gas actually connected? When Yes	copy of this form is to be sent)
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Tubing Pressure (Shut-in)

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.

(Title)

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

Choke Size

APPROVED **/)/]

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.