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<u> </u>		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
SANTA FE	- REQUEST		Effective 1-1-65
FILE /-	<u>-</u>	AND	
U.S.G.S.	_ AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL P	AS 1 0 15 (9)
LAND OFFICE	_	· ·	
TRANSPORTER GAS /			D. C. L.
OPERATOR /		Ai	RTESIA, DEFILM
PRORATION OFFICE			·
J. M. WE	LCH		
Address P. O. B	XX 496 - ARTESIA, NE	W MEXICO 882IO	
Reason(s) for filing (Check proper box		Other (Please explain)	
New We!l	Change in Transporter of:		
	Oil Dry Go	rs 🗔	
Recompletion	Casinghead Gas Conde	\vdash	
Change in Ownership	Cushighed des condi-		
DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F I HENSHAW SAN	-7	e Lease No.
Location	Z IIIIIIII OZLI	AN DALES	* ************************************
Unit Letter P , 660	Feet From The S Lin	ne and 660 Feet From	The
13	16S Range	30E , NMPM, EDDY	County
Line of Section To	ownship Range	, NMFM, 2001	, county
NAVAJO REFINING CO.	or Condensate , PIPE LINE DIVISION	NORTH FREEMAN AVE.	.ARTESIA. NEW MEXIC
Name of Authorized Transporter of Co	asinghead Gas 🔼 or Dry Gas 🦳		ved copy of this form is to be sent)
Name of Authorized Transporter of Co PHILLIPS PETROLEUM	or Dry Gas or CO.	P.O. BOX 6666 - ODE	ved copy of this form is to be sent)
PHILLIPS PETROLEUM If well produces oil or liquids,	CO. Unit Sec. Twp. Rge. P 13 168 30E	P.O. BOX 6666 - ODE	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. If this production is commingled w	Unit Sec. Twp. Rge. P 13 16S 30E with that from any other lease or pool,	P.O. BOX 6666 - ODE Is gas actually connected? YES give commingling order number:	ived copy of this form is to be sent)
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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.

(Signature)

(Date)

AGENT

(Title)

This form is to be filed in compliance with RULE 1104.

APPROVED

BY

TITLE .

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.