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DISTRIBUTION SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Synersedes Old C-104 and C-110				
FILE /	REQUEST	AND	RSynersedes Old C-104 and C-110 Effective E1-65 VED				
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS .VED				
LAND OFFICE			MAR 3 1970				
TRANSPORTER GAS /			-570				
OPERATOR / PRORATION OFFICE			ARTESTA				
B.	o o O	/	7 05 7135				
Address	Til Company						
P.O Box 103	31 Millan	D. Juan 1970.	<i>'</i>				
Reason(s) for filing (Check proper box		Other (Please explain)	<i>L T</i>				
New Well Recompletion	Change in Transporter of: Oil Pry Ga	s (To reassert	transporters)				
Change in Ownership	Casinghead Gas Conder	sate Jam Continent	L La 10 public 13-2-70				
If change of ownership give name		Conect long ton	for as perbeller 13-2-70				
and address of previous owner		· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL AND	LEASE						
Legse Name	Well No. Pool Name, Including F	riphura W. States Federal	WM04422				
Location	mit 8 Henshaw Gri	regioning it.	(D:				
Unit Letter G: 19	80 Feet From The Narth Lin	se and 980 Feet From T	he East				
Line of Section To	waship // Range	30-E INMPM, Ed	dis County				
Line of Section / /	with 16 - House	Joe C ,					
III. DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Asigness (Give address to which approv	ed copy of this form is to be sent)				
Name of Authorized Hansporter of Chi	incline Div.	Boel 67 Astesia	n.m. 88210				
Name of Authorized Transporter of Car	singhead Gas Tor Dry Gas	Address (Give address to which approv					
Thellips Fetro	Unit Sec. Twp. Rge.	Boy (1666 Viles) Is gas actually connected? Whe	a Juga 19760				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.		7-1960				
	th that from any other lease or pool,						
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.				
Designate Type of Completic			1 1 1				
Date Spudded	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				
			Depth Casing Shoe				
Perforations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe				
	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
V. TEST DATA AND REQUEST FOIL WELL	'OR ALLOWABLE (Test must be a able for this d	epth or be for full 24 hours)	and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)				
t anoth of Tank	Tubing Pressure	Casing Pressure	Choke Size				
Length of Test	1.00.00						
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	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)	Choke Size				
, coming manual (pass)							
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSION				
and the state of a state and		APPROVED	1370 , 19				
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. Butty Sanature (Signature)		BY W.a. Grossett					
		OH CHA COS COSTO					
		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.					
				Clerk, General		All sections of this form must be filled out completely for allow-	
					iile) 2-70	able on new and recompleted w	T. III. and VI for changes of owner
(Date)		well name or number, or transpor	ter or other auch change of condition				
,		Separate Forms C-104 must completed wells.	st be filed for each pool in multiply				
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