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NO. OF COPIES RECEIVED 4			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-
FILE //-		AND	Effective 1-1-65
U.S.G.S.			
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
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IRANSPORTER	_	WIW	RECEIVED
GAS		\mathcal{W}^{+}	REGEIVED
OPERATOR 2			
PRORATION OFFICE			
Cperator			MAY 1 9 1965
Mercury Production Com			
Address		,	<u> </u>
1522 Fout Wouth Nation	nal Bank Building, Fort Wo	orth Taxas 76102	ARTESIA, DEFICE
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:	Change of on	erator effective
Recompletion	Oil Dry Ga		
. 75			
Change in Ownership	Casinghead Gas Conder	isate	
f change of ownership give name	Previous operator - Frank	· Darden and Associate	es Fort Worth Texas
nd address of previous owner			<u> </u>
DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease Federal
Stase Halle		(Grayburg- 、	State, Federal or Fee
Johnson	6 Squar	re Lake San Andres)	
Location.	· · · · · · · · · · · · · · · · · · ·		
Unit Letter A;66	50Feet From TheNorth_Lin	ne and <u>660</u> Feet F	From The East
Line of Section 33 , To	cwnship 16S Range	31E , NMPM, Edd	dy County
Line of section JJ		<u> </u>	
	RTER OF OIL AND NATURAL GA	Address (Cive address to which i	approved copy of this form is to be sent)
Name of Authorized Transporter of O		Address othe dialess to anton a	, , , , , , , , , , , , , , , , , , ,
Water injection well		-	
Name of Authorized Transporter of C	asinghead Gas 🔄 or Dry Gas 🗌	Address (Give address to which o	approved copy of this form is to be sent)
-		-	
	Unit Sec. Twp. Rge.		107
	Unit bec. inp. inge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.		Is gas actually connected?	when
give location of tanks.			
give location of tanks.	vith that from any other lease or pool,		
give location of tanks. f this production is commingled w	with that from any other lease or pool,	give commingling order number	
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C. W. Stumhoffer ^{(Sig} Manager of Operations (Signature)

May 4, 1965

(Date)

(Title)

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

1

All sections of this form must be filled out completely for allow-able 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.