	2					
		<b>ب</b> ار د <u>ب</u>	<b>L</b> .			
NO. OF COPIES RECEIVED						
D.STRIBUTION	NEW MEXICO OIL CON REQUEST F(	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85				
FILE /-	AUTHORIZATION TO TRAN					
TRANSPORTER C.L.	•• •• • •	wiw	MAR 2 2 1965			
PHORATION OFFICE	-		fi _Pfi			
Frank Darden and Associ	ates		ARTESIA, OFFICE			
Virgen. 1522 Fort Worth Nationa	al Bank Building, Fort Wor	th, Texas 76102				
Reason's, for filling (Conck proper box (Jow Well Renow, Josian	) Change in Transporter of: Oil Dry Gas	Cther (Please explain) Change of oper January 1, 196				
in mys in Cwnorship	Casinghead Gas Condense					
change of ownership give name nd address of previous owner	Previous operator - News	ont Oil Company, Artes	ia, New Mexico			
DESCRIPTION OF WELL AND	LEASE Well No.   Pool Name	, Including Formation	Kind of Lease			
Johnson '' <b>6</b> ''	10 Square	(Grayburg- Lake <u>San Andres)</u>	State, Federal or Fee Faderal			
Listmich Unit Letter M;6	560 Feet From The <u>South</u> Line	and <u>660</u> Feet From	The West			
		IE , NMPM, Edd	V County			
			<u>Y.</u>			
DESIGNATION OF TRANSPOR Nume of Authorized Transporter of OL	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	oved copy of this form is to be sent)			
Water injection well Name of Authorized Transporter of Ca	sincheda Gas 📄 or Dry Gas 🗍	- Address (Give address to which appre	oved copy of this form is to be sent)			
		-				
If well produces of, or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? WI	-			
f this production is commingled wi	ith that from any other lease or pool, g	ive commingling order number:				
<u>COMPLETION DELA</u> Designate Type of Completi		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Dasignate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
feel	Rune of Producing Fernandin					
revientions			Depth Casing Shoe			
	TUBING, CASING, AND		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
TEST DATA AND REQUEST I OIL WELL	FOR ALLOWABLE (Test must be aft able for this dep	oth or be for full 24 hours)	l and must be equal to or exceed top allow-			
Late First New Cil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.,			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Proat During Test	Cil-Bbls.	Water-Bols.	Gas - MCF			
GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bhis, Condensate/MMCF	Gravity of Condensate			
Tructing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
CERTIFICATE C. COMPLIA	NCE	OIL CONSERV	ATION COMMISSION			
		APPROVED APR 1	1965 19			
c indian huma hier complied	d regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	BY_///////	t			
above is title and complete to t		TITLE				
C. w. Stumk	1 10.	This form is to be filed in	f n compliance with RULE 1104.			
		If this is a request for allowable for a newly drilled or deepened				
C. W. Stumhoffer (Su Manager of Operations	gnature)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
(	Title)	able on new and recompleted wells.				
March 18, 1965	(Date)	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.				

well name								
equiperes recupieres	artan. Des	•	1 <b></b> 1	 ·•••	11111	`~ <del>-</del>	 <i></i>	· -