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|            | SANTA FE   |  | ICO OIL CONSER   |  |  |  | Form C-104   |  |
|            | FILE   | ⊣ R  | REQUEST FOR A  |  |  |  | Supersedes O<br>Effective 1-1-   | d C-104 and C-1.   |
|            | U.S.G.S.   |  | AND  |  |  |  | -  |  |
|            | <del></del>  | AUTHORIZATION  | N TO TRANSPO   | RT OIL AND   | NATURAL  | GASR   | SOE  | VED  |
|            | LAND OFFICE  | -  |  |  |  |  |  |  |
|            | TRANSPORTER GAS  | -  |  |  |  |  | C V  | 1069   |
|            | OPERATOR   |  |  |  |  |  | •  | -504   |
| ı.         | PRORATION OFFICE   | ]  |  |  |  |  |  | ·-· e  |
|            | Operator   |  |  |  |  | ر مر<br>ز مر   | FTES://a, L  | rwen <b>ia</b>   |
|            | D. M. Bassett Drilling   | g Co.  |  |  |  |  |  |  |
|            | Reason(s) for filing (Check proper box   | Maxico 88210   |  | Other (Plea  | se explain)  |  |  |  |
|            | New Well   | Change in Transporter  | of:  |  | ,  |  |  |  |
|            | Recompletion   | 011  | Dry Gas  | 7  |  |  |  |  |
|            | Change in Ownership X  | Casinghead Gas   | Condensate   | j i  |  |  |  |  |
| i          | online in owneromp[11]   | cashighed das  |  |  |  | · · · · · · · · · · · · · · · · · · ·                          |  |  |
|            | If change of ownership give name   |  | 85   | •  |  |  |  |  |
|            | and address of previous owner  | Gross, Kinchelos   | & Gook, 813  | Petroleum  | n 81dg. A  | coswell.   | N.M.   |  |
| _          |  |  |  |  |  |  |  |  |
| II.        | DESCRIPTION OF WELL AND  |  |  |  | 7 3  |  |  |  |
|            | Lease Name   | Well No. Pool Name,  | •  | 1 1  | Kind of Led  |  |  | Lease No.  |
|            | Southern Union Federal Location  | 1 Z. Sad La  | iks East Pur   | m - BL.  | State, Fede  | eral or Fee  | Federal  | LC 063578  |
|            | Unit Letter P ; 455  | Feet From The <b>Sq</b>  |  | 44.0   | Feet Fron  | n The E  | ast  |  |
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|            |  | vnship 16 South  |  |  | М,   | Eddy   |  | County   |
| n.         | Line of Section 27 Town  | vnship 16 South  | Range 28 Ea  | st , NMP   |  |  |  |  |
| II.        | Line of Section 27 Tox   | vnship 16 South  | Range 28 Ea  |  |  |  | f this form is   |  |
| <b>11.</b> | Line of Section 27 Town  DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oil  | TER OF OIL AND NAT   | Range 28 Ea  | s (Give address  | to which app   | roved copy of  |  | to be sent)  |
| 1.         | Line of Section 27 Town  | TER OF OIL AND NAT   | Range 28 Ea  | s (Give address  | to which app   | roved copy of  | xas 79   | 0 be sent)   |
| 11.        | Line of Section 27 Town  DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oil  | TER OF OIL AND NAT   | Range 28 Ea  | s (Give address  | to which app   | roved copy of  | this form is   | 0 be sent)   |
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## VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

| Thelara | Holl |             | <br> |
|---------|------|-------------|------|
|         |      | (Signature) |      |
|         |      |             |      |

(Date)

Agent (Title)

. 4-21-69

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

| APPROVED | APR 22 1969 | , 19 |
|----------|-------------|------|
|          | Gresset     | 4    |

TITLE OIL AND GAS INSPECTOR

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.