NO. OF COPIES RECEIVED	7		
DISTRIBUTION	NEW MEXICO OIL CO	SISERVATION COMMISSION	Form C-104
SANTA FE		OD ALLOWADIE	Supersedes Old C-104 and C-116
FILE /		AND	Effective 1-1-65 GAS
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL O	GAS GAS
LAND OFFICE			
TRANSPORTER GAS			July , 1000
OPERATOR /			The same
I. PRORATION OFFICE			
Operator	7 - 1		· · · ·
	. Johnston, Sr.		
Address 719 Midl	and Tower Bldg. Midla	nd Texas 79701	
Reason(s) for filing (Check proper box	1	Other (Please explain)	
New Well	Change in Transporter of:	Change of Tra Continental O	nsporter from
Recompletion	Oil Dry Gas Continental Oil Company to Navajo Refining Company		
Change in Ownership	Casinghead Gas Condens	sate Navajo Kelini	ng Company
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE   Well No   Pool Num	ne, Including Formation	Kind of Lease
Lease Name		rtesia Premier	State, Federal or Fee State
Five - J	3A	Tresta Lieurer	State
	O Feet From The South Line	and 1650 Feet From	The East
Line of Section 25 , To	wnship 17 S Range 28	E , NMPM, Ed	dy County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	and conv of this form is to be sent)
Name of Authorized Transporter of Oi			
Navajo Refining Co	mpany, Pupe Time Du	North Freeman Avenu	need capy of this form is to be sent)
Name of Authorized Transporter of Co			/-
Phillips Petroleu		Bartlesville Ok	iranoma Walssa, Jey
If well produces oil or liquids,	10	,	May 25 1965
give location of tanks.	/ Ø   25   17 S 29 E		May 23 1903
	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completi	on = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be as	fter recovery of total volume of load oil pth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	ift. etc.)
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow) pampy gas	<b>7.7,</b> 7
I and the first	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Lunning Flessme		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Flod. During Test		1	
1	t	<u> </u>	
÷			
GAS WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test  Tubing Pressure	Bbls. Condensate/MMCF  Casing Pressure	Gravity of Condensate  Choke Size
Actual Prod. Test-MCF/D			
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. Test-MCF/D	Tubing Pressure	Casing Pressure OIL CONSERV	Choke Size  ATIQN COMMISSION
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIAN	Tubing Pressure	Casing Pressure OIL CONSERV	Choke Size
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules and Commission have been complied	Tubing Pressure  NCE  I regulations of the Oil Conservation with and that the information given	OIL CONSERV	Choke Size  ATIQN COMMISSION
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules and Commission have been complied	Tubing Pressure  NCE  regulations of the Oil Conservation	Casing Pressure  OIL CONSERV	ATION COMMISSION 201969

Celestia E.

Secretary

June  $10^{Title)}$ 1969

(Date)

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.

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

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.

Separate Forms C-104 must be filed for each pool in multiply