NO, OF COPIES RECEIVED			3	
DISTRIBUTION			Ī	
SANTA FE				
/ II.E			V	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR		7		
PRORATION OFFICE				

	SANTA FE /	/ / _		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C=104 Supersedes Old C=104 and C=11 Effective 1=1=65			
	U.S.G.S.		AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS .			
	IRANSPORTER OIL GAS			IVÉD				
1.	PRORATION OFFICE		DEC 1 4 1976					
•.	Operator							
		LAYTON ENTERPRISES, INC. STATE TO THE STATE OF THE STATE						
	LUBBOCK, TE		A Maria Caratteria	B. L. O.				
	Reason(s) for filing (Check prop			Other (Please explain)				
	New Well Recompletion		Change in Transporter of: Oil Dry Ga	EFFECTIVE	DATE 12-1-76			
	Change in Ownership		Casinghead Gas Conder					
	If change of ownership give n and address of previous owne		CONTINENTAL	01L Co.				
H.	DESCRIPTION OF WELL	AND L	EASE		·			
	Lease Name		Well No. Pool Name, Including F	ormation Kind of Lease	cr Fee FEDERAL LC004832			
	Location	UNI	T 10 SQUARE LA	Sidile, Federal	TEDERALILUO4832			
	Unit Letter :	190	Feel From The NORTH Lin	ne and <u>/450</u> Feet From T	The WEST			
			nship 16 5 Range	_	LOOK County			
	Line of Section 35	Town	nship / S Range	, NMPM,	County County			
П.	DESIGNATION OF TRANS Name of Authorized Transporter		ER OF OIL AND NATURAL GA	AS Address (Give address to which approv	ed copy of this form is to be sent)			
				Address (Give address to which approx	and appropriately form to to be cent.)			
	Name of Authorized Transporter	01 C231	ngneda Gas [] er Diy Gda []	Address (Otte address to which appro-	ed copy by this join is to be sensy			
	If well produces oil or liquids, give location of tanks.	! !	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
17	If this production is commingle COMPLETION DATA	led with	that from any other lease or pool,	give commingling order number:				
٧.	Designate Type of Com		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Com	pietioi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded		Date Compt. Ready to Piod.	rotat Bopin				
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations				Depth Casing Shoe			
			TUBING, CASING, AND	D CEMENTING RECORD				
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	PATRICE DAMA AND ENDOUGH	- I	D ATT ON ATTENDED	/ construction of land oil of	and must be equal to as executable allique			
γ.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
	Date First New Oil Run To Tan	k 9	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)			
	Length of Test		Tubing Pressure	Coaing Pressure	Choke Size			
	Actual Fred. During Tool		Oil-Bble.	Water-Bols.	Gde-MCF 1 73 -			
	OAC WITT				19/1/			
	Actual Fred, Tool-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Mothed (pitot, back pr.)	,	Tubing Pressure (Shui-iu)	Cusing Pressure (Shut-in)	Choke Size			
Λī.	CERTIFICATE OF COMP	LIANC	E		TION COMMISSION			
	hereby cortify that the rules and regulations of the Oil Conservation		APPROVED DEC 1619	, 19				
	Communion have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Will Gressett				
	•		TITLE SUPERVISOR, DISTRICT IL					
			^	III.				

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

If this is a request for allowed is for a newly diffic i or deepened well, this form must be accompanied by a tabeliation of the deviation tests taken on the well in accordance with NULL 111.

All rections of this form must be filled out considerly for allowable on new and a completed valle.

Fill out only Sections I. U. III, and VI for encises of average of number, or transporter of other such thange of condition.

