NO. OF COPIES RECEIVED 5 DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE I RANSPORTER OIL // GAS // OPERATOR // PRORATION OFFICE Operator ROBERT H. BI Address DEBME 40, A Reason(s) for filing (Check proper New We!)	REQUES AUTHORIZATIONETOTI FEE 2 4 1971 C. C. C. RICEIA, OFFICE RICEIA, New Sector 88210 box)	CONSERVATION CON T FOR ALLOWABLE AND RANSPORT OIL AND	NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
Recompletion Change in Ownership	Casinghead Gas 🗌 Cont	325			
and address of previous owner _	Aret	de . Speir, Ar	tosia, New Next	.00	
II. DESCRIPTION OF WELL AN Lease Name Cave Poel U	Well No. Pool Name, Including		Kind of Lease State, Føderal or Fee	Lease No. Stata D 75%	
Location	E Feet From The South				
Line of Section 5			Feet From The	.90	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	<u> Sast</u> , NMP		County	
Name of Authorized Transporter of Navajo Refiring C	01 K or Condensate Curreny. Pipe Line Divisie	Address (Gurr address	to which approved copy	of this form is to be sent)	
Name of Authorized Transporter of Phillips Potroleu	Cratilidredg Gra	- Viceo - Kane address	to which approved copy	of this form is to be sent)	
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Age.	Is bas not ally dinned	ted? When	•	
If this production is commingled	uith that from any other lease or pool	yes 1. give commingling orde	3-1-6		
IV. COMPLETION DATA	Oil Well - Gas Well			ack Same Res'v. Diff. Res'v.	
Designate Type of Comple Date Spudded	Date Compl. Ready to Prod.		P.B.T.	D.	
	, Name of Prodúcing Formation				
		· · · · · · · · · · · · · · · · · · ·	Tubing	Depth	
Perforations			Depth (Casing Shoe	
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	ND CEMENTING RECOI			
				SACKS CEMENT	
	: 				
V TEST DATA AND PEOUEST	FOR ALLOWABLE (Test must be				
OIL WELL Date First New OII Bun To Tanks	Date of Test	after resilvers of rotal foll depth or be for full 24 hour Fronunsing ideators (Flor	s)	be equal to or exceed top allow-	
			ε, pump, gus ιηι, ειc.		
Length of Test	Tubing Pressure	Casing Pressive	Choke 1	5120	
Actual Prod. During Test	Oil-Bbis.	Water-Bole.	Gas - Ma	CF	
I <u></u>			·····		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bals, Condensate/MMC	F Gravity	of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press re (Shut	-in) Choke S	8/74	
VI. CERTIFICATE OF COMPLIA	INCE		CONSERVATION C	COMMISSION	
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.		approved, 19, 19, 19			
Accon Laughesty		This form is to	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(fignature) Secretary		well, this form mus tests taken on the	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title)		All sections of this form must be filled out completely for allow- white on new and recompleted wells.			
October 28, 1970	(Date)	well name or numbe	r, or transporter, or othe	d VI for changes of owner, er such change of condition. d for each pool in multiply	

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