NO. OF COPIES RECEIVED	—	-	→ r	•	
DISTRIBUTION	NEW MEXICO OU CO	ONSERVATION COMMI	SION D	·.	
SANTA FE /	DEQUEST 6		C Superrades ()	ld C-104 and C-110	
FILE /	NEGOLUT ON ALLOWADEL				
U.S.G.S.	AUTHORIZATION TO TRAI	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS			
LAND OFFICE	AUTHORIZATION TO TRAI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL RES			
OIL OIL			~ 1 5 1960		
TRANSPORTER GAS			ARTEBIA, OFFICE		
OPERATOR /			EBIA. D.C.		
PRORATION OFFICE			Fige		
Operator	_				
ARCHIE M. SPE	IR				
Address Drawer 40. A	rtesia, New Mexico 88210				
		Other (Please	avalain)		
Reason(s) for filing (Check proper to		Other (Please	exptain)		
New Well	Change in Transporter of:	_ [-]			
Recompletion	Oil Dry Gas Casinghead Gas Condens	— I			
Change in Ownershi	Casingheda Gas Conden	adie			
If change of ownership give name	:				
and address of previous owner	Continental Oil Co, H	obbs, New Mexic	•		
	D I DAGE				
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.	
Cave Pool Unit	45 Cave		State, Federal or Fee State	E 950	
Location	4) 00.0				
/N	1980 Feet From The north Line	and 660	Feet From The 685 t		
Unit Letter;	Feet From The 1101 011	e and			
Line of Section 9	Township 17 S Range 25	9E , NMPM	, Edd y	County	
Ellie of dection					
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	ıs		1	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address	to which approved copy of this form is	to be sent)	
Injection w					
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address	to which approved copy of this form is	; to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When		
give location of tanks.	! ! !				
If this production is commingled	with that from any other lease or pool,	give commingling orde	r number:		
IV. COMPLETION DATA			Deepen Plug Back Same R	esty Diff. Besty.	
Designate Type of Comple	Oil Well Gas Well	New Well Workover	Deepen Prug Buck Same II		
		Total Depth	P.B.T.D.	i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.55		
	(D.) - (-) - (-)	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top On/Gds Fdy	1.22.113		
			Depth Casing Shoe		
Perforations					
	TUBING, CASING, AND	D CEMENTING RECOI	RD		
	CASING & TUBING SIZE	DEPTH S		EMENT	
HOLE SIZE	CASING & TUBING SIZE				
The Dame AND REQUEST	FOR ALLOWARIE (Test must be a	after recovery of total vol	ume of load oil and must be equal to o	or exceed top allow-	
V. TEST DATA AND REQUEST OIL WELL	able for this de	epth or be for full 24 hour	s)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
GAS WELL		T =			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravity of Condense	AL#	
			- 1-1 Chala Sta		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) Choke Size		
VI. CERTIFICATE OF COMPL	ANCE	014	CONSERVATION COMMISS	ION	
				19	
I hereby certify that the rules and regulations of the Oil Conservation		1 1	APPROVED		
a later been compli	ed with and that the information given the best of my knowledge and belief.	By W.a. Gressett			
above is true and complete to	the best of my knowledge and bester.		الله الله الله الله الله الله الله الله		
		TITLE	.2 0.0 2.0 20 20 20		
$i \subset \lambda$		This form is	to be filed in compliance with RU	ILE 1104.	
Laughertin			for allowable for a newly di	rilled or deepened	
(Signature)		Il this form must be accompanied by a labulation of the deviction			
Secr	Secretary		tests taken on the well in accordance with RULE !!!		
		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.			
Oct 14, 1969					
	(Date)	well name or numb	er, or transporter, or other such ch	wille of constitution	
. 1			ms C-104 must be filed for each	boot in marribil	
		completed wells.			

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