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Nature 199. P.O. Drawer 159. Artesian NM B8211-0159 Name of Authorized Transporter of Casinghead Gar [X] or Dy Gar Address (files address to which approved copy of the form is to be send) OPM Gas Corporation 4001. Penbrook. Odessa. T. 797.62 If well produces of or liquids. [B] 128.175.129E Yes 6/7/93 If well produces of or liquids. [B] 28.175.129E Yes 6/7/93 If all produces of or liquids. [B] 28.175.129E Yes 6/7/93 If all produces of or liquids. [B] 28.175.129E Yes 6/7/93 If all produces of or liquids. [D] [S] 176.129E Yes 6/7/93 Designated Type of Completion - (X) [X] [W] Yes 6/7/93 5/7.793 Designated Type of Completion - (X) [X] [W] Yes 4421' 4388' Designate Type of Completion - (X) [X] [W] Yes 3/612' 6/7.000 Signate Type of Completion - (X) [X] [W] 7/600 4321' 4387' 1/6189' Signate Type of Completion - (X)	III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS		lich annound	come of this for	m is to be se	unt)	
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Crissa Carter Signature Crissa Carter Printed Name 7/15/93 (505) 748-1288	VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	OIL CONSERVATION DIVISION						
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.