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DISTRIBUTION			ONCEDVATION COMME	101	F C 104
SANTA FE /	NEW		ONSERVATION COMMISS FOR ALLOWABLE	ION	Form C-104 Supersedes Old C-104 and C-1.
FILE		KLWOLSI	AND		Effective 1-1-65
U.S.G.S.	ALITHORIZA	TION TO TRA	NSPORT OIL AND NA	TURAL GAS	RECEIVED
LAND OFFICE	AUTHORIZA	11011 10 1107	4101 011 012 7410 141	10.1.1.2	
TRANSPORTER GAS					MAY 1 3 1970
OPERATOR 2					-
PRORATION OFFICE					0, 6, 6
Operator Pope &	Burrows				ARTESIA, OFFICE
Address		Mandan			
1	, Artesia, New	Mexico	Other (Please ex	enlain)	
Reason(s) for filing (Check proper b	Change in Trans	norter of:	Office (1 tease ex	pramy	
New Well Recompletion	Cil	Dry Go	ıs \square		
Change in Ownership	Casinghead Gas	Conder			
charge in ownership					
If change of cwnership give name and address of previous owner	· 				
. DESCRIPTION OF WELL AN	D LEASE	_			
Lease Name	Lease No. V		me, Including Formation		nd of Lease
McCall		1 Da	yton Grayburg	St	ate, Federal or Fee Fat •
Unit Letter K ; 3	Feet From The	South Lir			
	Township 18	Range	26 , NMPM,	Eddy	County
Line of Section 24 DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND	NATURAL GA	ıs		County copy of this form is to be sent)
DESIGNATION OF TRANSPO Name of Authorized Transporter of C Admiral Crude C	ORTER OF OIL AND OIL OF OR CONDENSE OIL Corp.	NATURAL GA	Address (Give address to a	which approved and . Texa	copy of this form is to be sent) 79701
DESIGNATION OF TRANSPO	ORTER OF OIL AND OIL OF OR CONDENSE OIL Corp.	NATURAL GA	Address (Give address to a	which approved and . Texa	copy of this form is to be sent)
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Date of Test	Producing Method (Fibw, par	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size		
Oil-Bbls.	Water - Bbls.	Gas-MCF		
Ī	ubing Pressure	ubing Pressure Casing Pressure		

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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.

Robert Parker
(Signature)
Accountant
(Title)
- A

<u>5-8-70</u>

(Date)

HON COMMISSION

APPROVED

OIL AND GAS INSPECTOR 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 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.

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.

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