NO. OF COPIES RECE	IVED	5		
DISTRIBUTIO				
SANTA FE		I		
FILE		/-		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER GAS				
	GAS	1/1		
OPERATOR				
PRORATION OFF	ICE			
Operator				
1 .		ű.		
Address			•	
3 2	į.	1 1		
Reason(s) for filing (Check	proper	box,	
New Well				
Recompletion				
Change in Ownership	. 🔼			
If change of owners and address of prev				
DESCRIPTION OF WELL AND				

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL / GAS / OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS	
I.	PRORATION OFFICE Operator				
	Address				
	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Other (Please explain)				
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner	1 5 s 1995 12 s	301 Broker B	ldg.	
IJ.	DESCRIPTION OF WELL AND I				
	Lease Name	Well No. Fool Name, Including Fo		gse Lease No.	
	Location			9 -11 - 3	
	Unit Letter;	Feet From TheLin	e and Feet Fro	m The	
	Line of Section Tow	nship - Range	, NMPM,	්දී County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Author and Transporter of Oil				
	The Bernien Corporate		Address (Give address to which ap)	Band, Tomas Orlesia 1. me	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address time address.	oved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	***************************************	68 年 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
	If well produces oil or liquids, give location of tanks.	i,	23	Eugust 1961	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	<i>O</i>	
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			7 00/2	TV	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-	
	OII. WELL able for this depth or be for full 24 hours) Date First New Cii Run To Tanks Date of Test Producing Method (Flow, 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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	_ength of Test	Bots, Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	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.		OIL CONSERVATION COMMISSION APPROVED, 19		
			BY W. A. Gressett TITLE		
	• .			in compliance with RULE 1104.	
	(Sinne	160		lowable for a newly drilled or deepened spanied by a tabulation of the deviation	
	(Signarure)		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 allow-		
	(Title)		able on new and recompleted	wells.	
	(Date)		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		

