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NO. OF COPIES RECEIVED			<u>ب</u> و
DISTRIBUTION	NEW MEXICO OI	L CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and Effective 1-1-65
FILE /-		AND	
U.S.G.S.	AUTHORIZATION TO 1	TRANSPORT OIL AND NATUR	AL GAS
Ou I		(* (p)	RECEIVED
TRANSPORTER GAS			
OPERATOR 7			ABB 4 4 1005
PRORATION OFFICE			APR 1 6 1965
Operator			O. C. C.
C. O.	Fulton		ARTESIA, OFFICE
P. O. Box 1121	, Artesia, New Mexic	co	
Reason(s) for filing (Check proper bo	DX)	Other (Please explain)	
New Well	Change in Transporter of:		ange in ownership fro
Recompletion		. —	ollier to C. O. Fulto
Change in Ownership	Casinghead Gas Co	ndensate	
DESCRIPTION OF WELL AND Lease Name New Mexico N	LEASE Well No. Fool	Name, Including Formation	Kind of Lease State, Federal or Fee State
Location			
Unit Letter , 16	Feet From The West	Line and 3301 Feet F	From The North
Line of Section 1, T	ownship 18 Range	_	Eddy Coun
SESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
The Permian Corpo	oration _	Box 3119 Midla	nd, Texas 79704
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which	approved conv of this form is to be centl
m.600.6		'	approved copy of this form is to be sent)
nene			approved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks. This production is commingled v	Unit Sec. Twp. Rge.	rlared-no market	When
If well produces oil or liquids, give location of tanks.		rlared-no market	When
If well produces oil or liquids, give location of tanks. This production is commingled v	vith that from any other lease or po	rlared-no market	When
If well produces oil or liquids, give location of tanks. This production is commingled v	vith that from any other lease or po	rlared-no market	When
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above is true and complete to the best of my knowledge and belief.

C. C. T. Clot	
(Signature)	
Owner	
(Title)	

(Date)

4-15-65

APPROVED_	APR 1 6 1965	19
47	P 1 #	
BY	r. Ta	me

TITLE _ ON AND BAS INSPECTOR

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 Sections I, II, III, and VI only 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.