<u>.</u>								
NO. OF COPIES RECEIVED								
DISTRIBUTION		AE VICO OIL C	ONSERVAT	TON COMMIS	SSION	Form	C=104	
SANTA FE	14541			DNSERVATION COMMISSION FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-1	
FILE /-		REQUEST	AND	JHADLL		fie	ctive 1-1-65	
U.S.G.S.	AUTHORIZAT	TON TO TO		OIL AND N	ATUDAL C	ΛC 4 ^N ζ β		OBVE
LAND OFFICE	AUTHORIZAT	ION TO TRA	ANSFORT	JIL AND N	ATURAL G	43	- 11	VER
OIL								-
TRANSPORTER						,J	UN 1	10.
GAS								198 ₆
OPERATOR 4						ſ	سا ا	•
PRORATION OFFICE						CAT	Eg. C	
Operator							OFF	705
American	Petrofina Compan	y of Texa:	s */					- 0.
Address								
В 0 3	or 1211 Rig Cari	ng Texa	51					
Reason(s) for filing (Check proper	lox 1311, Big Spri	mg, read		ther (Please	explain)			
	,		"	11101 (1110000	- A-F,			
New Well	Change in Transpo	_						
Recompletion	Oi1 [Drγ Go	7-5					
Change in Ownershi 🗶	Casinghead Gas L	Conde	nsorte					
If change of ownership give nar and address of previous owner. DESCRIPTION OF WELL A Legae Name Rester Yates State B	ND LEASE	ell No. Pool Na	me, Including		Artesia	Kind of Lea	se	
Location	, 33	70	3.022 3.22)					
\	1070 Feet From The	East -		2340	Pa-1 P-1	ha er-	. 4 %	
Unit Letter;;	Feet From The	Last Lir	ne and	4.2.70	_ Feet From T	ne <u>JC.</u>	*	
2:3	100	_	ನೇ ಕೇಂಡ್		15			C
Line of Section 21	Township 18S	Range	28E	, NMPM,		<u>dd</u> :		County
Name of Authorized Transporter of Mater Name of Authorized Transporter of	Injection Well_	Ory Gas			which approv			
If well produces oil or liquids, give location of tanks.	Unit Sec. Tv	wp. Rge.	Is gas actu	ally connecte	d? Whe	n		
If this production is commingle COMPLETION DATA	d with that from any other	lease or pool,	give commi	ngling order	number:			
. COMILETION DATA								
Designate Tune of Comp	letion (Y)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
Designate Type of Comp		Gas Well	 	Workover		! ! !	Same Res	v. Diff. Res'v
Designate Type of Comp			New Well Total Dept	Workover		Plug Back	Same Res	v. Diff. Res'v
	letion - (X)		 	Workover		! ! !	Same Res	v. Diff. Res'v
	letion - (X)	Prod.	 	Workover		! ! !	1	r. Diff. Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Dept	Workover		P.B.T.D.	1	r. Diff. Res'v
Date Spudded Pool	Date Compl. Ready to	Prod.	Total Dept	Workover		P.B.T.D.	th	r. Diff. Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Dept	Workover		P.B.T.D. Tubing Dep	th	r. Diff. Res'v
Date Spudded Pool	Date Compl. Ready to Name of Producing For	Prod.	Total Dept	Workover h as Pay	Deepen	P.B.T.D. Tubing Dep	th	r. Diff. Res'v
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David Day

roduction Clerk

(Title) May 18, 1966 (Date)

David Day

201 ASA 340 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 meleted wells.