NO. OF COPIES RECEIVED I.

U.S.G.S. REUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I LAND DE EUCE	
TRANSPORTER GAS DEC 1 2 1972	
OPERATOR	
PRORATION OFFICE D. D. D. Operator	
BEARING SERVICE SUPPLY CO., INC.	
P. O. BOX 100, ARTESIA, NEW MEXICO 88210	
Reason(s) for filing (Check proper box) New Well Change in Transporter of:	
New We!l Change in Transporter of: Recompletion Oil Dry Gas	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name and address of previous owner John DiPaolo and Fil Naranjo: Box 342 - Roswell, I	N. N. 8820
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
PLATT 1 Dayton-Grayburg State, Federal or Fee FKE	
Unit Letter / M ; 75 Feet From The South Line and 75 Feet From The West	,
Line of Section 26 Township 18 S., Range 26 E., NMPM, Bddy	County
. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil A or Condensate P. O. Box 1183, Houston, Te:	xas 77001
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form	is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	
If this production is commingled with that from any other lease or pool, give commingling order number:	
Oil Well Gas Well New Well Workover Deepen Plug Back Same	Res'v. Diff. Res'v.
Designate Type of Completion - (X)	I
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Show	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS	CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to	or exceed top allow
OIL WELL able for this depth or be for full 24 hours)	•
Date First New Oil 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	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate/	eate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS DEC 1 2 1972	
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. TITLE GIL AND GAS INSPECTOR	
me a second to complete with E	ULE 1104.
Y ship is a sequest for allowable for a newly	drilled or deepened
	on or the deviation
AGENT All sections of this form must be filled out completed wells.	mpletely for allow

DECEMBER 11, 1972

(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.

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.