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DISTRIBUTION			
SANTA FE /		CONSERVATION COMMISSIO	N Form C-104 Supersedes Old C-104 and
	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE /-		AND	2
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	JRAL GAS
LAND OFFICE	i -		RECEIVED
OIL			TEIVER
GAS GAS			
			8.4.
OPERATOR 3			MAY 3 1965
PROPATION OFFICE			WAY 3 1965
Operator			\Box
Petroleum	Corporation of Texas		ARTER!
Address			OFFICE
P O Box	752, Breckenridge, Texas	3	
		Other (Please expla	ain l
Reason(s) for filing (Check proper ba		' '	
New Well	Change in Transporter of:		operating name
Recompletion	Oil Dry G	as effective	May 1, 1965
Change in Ownership	Casinghead Gas Conde	ensate	
f above of amount is sing some		D 0 D 750 E	Dural Lauri da a Tarra
f change of ownership give name and address of previous owner	Graridge Corporation	on, P. O. Box 752, E	Sreckeninge, lexas
DESCRIPTION OF WELL AND	Vell No. Pool No.	ame, Including Formation Arte	Kind of Lease
	i		1
Venture State #6	47 52 Quee	en Grayburg San Andr	es State, Federal or Fee State
Location			
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Line of Section 28 T	ownship 188 Range 28	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
<u>DESIGNATION OF TRANSPO</u>	RTER OF OIL AND NATURAL G	AS	ch approved copy of this form is to be sent)
Name of Authorized Transporter of O	or Condensate	Address (Give address to wat	ch approved copy of this form is to be sens,
Water Ini			
	ection Well		
Name of Authorized Transporter of C	ection Well dasinghed Gas or Dry Gas	Address (Give address to whi	on approved copy of this form is to be sent)
Name of Authorized Transporter of C	ection Well asinghead Gas or Dry Gas	Address (Give address to whi	ch approved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas		
Name of Authorized Transporter of C	ection Well Casinghead Gas or Dry Gas Unit Sec. Twp. Rge.	Address (Give address to white Is gas actually connected?	ch approved copy of this form is to be sent) When
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above is true and complete to the best of my knowledge and belief.

(Signature) Smith Office Manager

(Title) May 1, 1965

(Date)

, 19 _ 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 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 offered wells.