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Recompletion Oil Dry Gas Well Completion Change in Ownership Casinghead Gas Condensate	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name and address of previous owner	
Lease Name Well No. Pool Name, Including Formation Kind of Lease	
W. Loo Hills G 4S Ut. Tract 17 10 Loo Hills State, Federal or Fee	Federal
Location	ecerai
Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East	
Line of Section 10 , Township 18—S Range 29—E , NMPM, FAAV	County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Futhorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to	be sent)
Continental Pipe Line Company Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to	be sent)
22	
Unit Sec Two Bae is are actually connected? When	
it well produces on or inquids,	
give location of tanks. N 2 18 29	
If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Cil Well Gas Well New Well Workover Deepen Plug Back Same Resty	- Diff B1
Designate Type of Completion - (X)	r. Diff. Rest
XX XX	1
Date Spud led Date Compl. Ready to Prod. Total Depth P.B.T.D.	
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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.

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Edduly	main!
(Signature)	

August 15, 1966 (Date)

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AUG 3 0 1966

OIL AND GAS INSPECTOR 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 completed wells.