DISTRIBUTION	-	Ŧ	
SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE /_	REQUEST		Supersedes Old C+104 and C Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR		GARECEIVED
LAND OFFICE	_		
TRANSPORTER	_		HIN 0 10C7
	-		UIN 8 1967
PRORATION OFFICE			O, C. C.
Operator			ARTESIA, OFFICE
	Read		
	313/ Dec. 11 N. 16		
Reason(s) for filing (Check proper box	CICO, ROSWEII, New Mer		
New Well	Change in Truisporter of:		a P
Recompletion	Cil Dry G	as [ Shut-in	Ales Hell.
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name		Des 1405 Dec 11 M	
and address of previous owner	Len Mayer, F. O.	Dox 1495, Roswell, No	ew Mexico 88201
DESCRIPTION OF WELL AND			
	rindes.		Econo Inc
Location	m I Atoka Penn	state, rede	raloritee Fee
Unit Letter E . 99	0 Fort From The West	1650	North
	tetromine <b>WWW</b> Li	ie ang <u>ever</u> Pee, Fror	a ine
Line of Section 20 To	wnship 185 Range	26E , NMPM,	Eddy County
NECTON ATTON OF THANGROUP			
Name of Authorized Transporter of Gil			roved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas 🔄 or Dry Gas 🧮	Address (Give address to which app	roved copy of this form is to be sent)
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If well produces oil or liquids,	Unit Sec. Twp. Rge.	ls gus actually connected? \%	ihen
give location of tarks.	. <u> </u>	1	
	th that from any other lease or pool,	give commingling order number:	
	Cil Well Gas Well	New Well Workover Despen	Plug Back Same Resty, Diff. Res
Date Spudded	Date Compl. Ready to Ptod.	Total Depth	P.B.T.D.
Elevations (DF. RKB_RT_CR_etc	Name of Producing Formation	Teo Cil/Gas Pay	
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			Tubing Depth
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	FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         Charles B.         Address         P. O. Box         Reason(s) for filing (Check proper box         New Well         Recompletion         Change in Ownership         OPESCRIPTION OF WELL AND         Lease Name         If change of ownership give name         and address of previous owner         DESCRIPTION OF WELL AND         Lease Name         Irene Brainard Gas Co         Location         Unit Letter       99         Line of Section       To         DESIGNATION OF TRANSPOR         Name of Authorized Transporter of Cat         'Name of Authorized Transporter of Cat         If well produces oil or liquids,         give location of tarks.         f this production is commingled wi         COMPLETION DATA	SANTA FE       FILE       REQUEST         FILE       AUTHORIZATION TO TR         U.S.G.S.       AUTHORIZATION TO TR         LAND OFFICE       OIL         TRANSPORTER       OIL         Gas       OPERATOR         PRORATION OFFICE       OPERATOR         Operator       Charles B. Read         Address       P. O. Box 2126, Roswell, New Met         Reason(s) for filing (Check proper box)       Change in Transporter of:         New Well       Change in Transporter of:         Change in Ownership       Charles B. Read         Address       Condet         If change of ownership give name and address of previous owner       Len Mayer, F. O.         DESCRIPTION OF WELL AND LEAND       Poc: Name, Including F         Lease Name       Vel. No. Poc: Name, Including F         Unit Letter       E       990         Unit Letter       E       990         Unit Letter       E       990         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G/         Name of Authorized Transporter of Chaingherd Gas       or Ory Gas         Name of Authorized Transporter of Chaingherd Gas       or Dry Gas         Name of Authorized Transporter of Chaingherd Gas       or Dry Gas         Name of Authorized	SANTAFE       REQUEST FOR ALLOWABLE AND         FILE       AD         U.S.G.S.       AD         LAND OFFICE       OIL         ITRANSPORTER       OIL         GAS       AUTHORIZATION TO TRANSPORT OIL AND NATURAL         OPERATOR       3         OPERATOR       3         PROPATION OFFICE       Other (Please expland)         Operator       Charles B. Read         Address       P. O. Box 2126, Roswell, New Mexico 88201         Recompletion       Charge in Transporter oit         Charge of ownership       Charge in Crainspeed Gas         Change of ownership       Charge in Crainspeed Gas         If change of ownership give name       Condensate         Ind address of previous owner       Len Mayer, F. O. Box 1495, Roswell, Net Charge         DESCRIPTION OF WELL AND LEASS:       East Name         Leete Name       Yel, Net Mest         Unit Letter       990       Feet From The West Line and 1650         Unit Letter       990       Feet From The West Line and 1650         Line of Section       20       Tewnship       Address rotick app         Name of Authorized Transporter of Chainsperter of Chainsperter of Chainsperter of Chainsperter of Chainsperter of Dig Condensate       Address rotick app         <