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-	SANTA FE			REQUEST	FOR ALLOWABLE			
-	FILE		-		AND	NATURAL O		
-	AND U.S.G.S. LAND OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LEANSPORTER OIL /							
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	TRANSPORTER G	+-	+		انغ			- 0
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1.	Operator	-					17 18	
		ADARK	o Pr	RODUCTION COMPANY			ARTUSIA	*) :,
	Address							ICE
	Р.	0. E	ox 9	317, FORT WORTH, TEXAS	76107			
ļ	Reason(s) for filing (Che				Other (Plea	se explain)		
	New Well			Change in Transporter of:				
- 1	Recompletion Oil Dry Gas							
	Change in Ownership			Casinghead Gas Conde	nsate			
	If change of ownership and address of previou			WESTERN OIL FIELD,	Inc., P. O. Bo	х 11 37, Но	BBS, NEW ME	XICO
II.	DESCRIPTION OF V	VELL A	AND I	Well No. Pool Name, Including F	Formation	Kind of Lease	9	Lease No.
	Lease Name					State, XXXX		в-8326
	DICKEY SULLIVA	N		2 Turkey Track	. / KIVERS	State, Tuesday		D 0,20
	Location Unit Letter C; 330 Feet From The N Line and 1650 Feet From The W							
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				SO Feet From The N Liver N Liver N N Liver N N N N N N N N N N N N N N N N N N N		Fest From T		County
	Line of Section	5	Tov	wnship 19S Range	29E , NMF			County
III.	Line of Section	5 TRANS	Tov POR	waship 19S Range TER OF OIL AND NATURAL GA	29E , NME	ed Eddy		
III.	DESIGNATION OF TO Name of Authorized Tra	CRANS	PORT of Oil	TER OF OIL AND NATURAL GA Or Condensate	AS P. O. Box 3	EDDY s.t.f.whigh approx 67, ARTESI	ved copy of this fo	rm is to be sent)
III.	Line of Section DESIGNATION OF The Name of Authorized Training Control of Authorized Trainin	CRANS	PORT of Oil	PANY Singhead Gas or Dry Gas	AS As Give addres P. O. Box 3 Address (Give addres	EDDY s. t. which approx 67, ARTES Is to which approx	ved copy of this fo A, NEW MEXI ved copy of this fo	rm is to be sent)
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GAS WELL

Actual Prod. Test-MCF/D

J. N. CHAFFIN

OCTOBER 14, 1968

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

PRODUCTION RECORDS SUPVR.

Length of Test

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)

(Date)

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

GIL 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 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.

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)