	NO: OF EOPIES RECEIVED 4 BISTRIBUTION SANTA FE 1		NSERVATION COMMISSION OR ALLOWABLE	Form E=184 Supersedes Old E-184 and E-119				
_ E	FILE /		AND Sport oil and natural ga	R Electric E D MAY 6 1970				
	RANSPORTER GAS			C. G. G.				
	PRORATION OFFICE			ARTLOIA, DAFIDE				
	David C. Co	11 ier /						
	Address Star Route East.	Bux 2, Artesia, N. I	Mex 88210					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	ate Change in Op	eratot				
L 1	f change of ownership give name	H & 3 Gil Cc., 216		a, N. Llex				
•	and address of previous owner							
<b>N.</b> 1	DESCRIPTION OF WELL AND L Lease Name	Well No. Decl Name, Including For Hackberry Iat	mattern Kind of Lease	Lesse No. Free Federal NM 06814				
	Southern Federal	5 Seven Rivers	, North					
	Unit Letter C : 226	Feet From The Hest Line	and Feet From Th	eNorth				
	Line of Section 30 Tow	nship 195 Range 31	E . NMEM, Eddy	County				
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)				
	Name of Authorized Transporter of Oll Texas New Mexico Pt		P. O. Box 1510, M1 Address (Give address to which approve					
	Texas New Mexico Pi Name o: Authorized Transporter of Cas	-		a copy of this form to to the second				
	If well produces oll or liquids, give location of tanks.	A 30 195 31E						
W.		h that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion - (X) Cill Well Gas Well New Well Workover Desepen Plug Back Same Restv. Diff. Restv.   Designate Type of Completion - (X) Cill Well Gas Well New Well Workover Desepen Plug Back Same Restv. Diff. Restv. <t< td=""></t<>							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tuking Depth				
	Perforations			Depth Casing Shoe				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
w.	TEST BATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	t, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size				
	Actual Prod. During Test	Oil-Bbie.	Water-Bble.	Gas - MCF				
	Actual Proa. During 100.							
	GAS WELL			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF					
	Testing Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size				
VI	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	7 1970				
	I hereby certify that the rules and	regulations of the Oil Conservation	tion APPROVED					
Commission have been complete with and that the wowledge and belief. above is true and complete to the best of my knowledge and belief.			TITLE OIL AND GAS INSPECTOR TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with RULE 1184.					
							A Cilli	1 anno
(Signature)			well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.					

	able 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 E-104 must be filed for sach pool in multiply cumpleted wells:
••	

(Title) (Date)

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