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Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT 11</u>			inerals and M DNSERV	ATION	o urces Departn DIVISIC			Revia Servi	C-104 rd L-1-19 thorsetered thom of Page	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		Sani		Box 2088 Mexico 875	504-2088			FE	B 19'90	
1000 Reo Brazos Rd., Azzec, NM 87410	REQUE			ABLE AND AUTHORIZATION			l	O. C. D. Artesia, office		
Орелься Siete Oil & Gas Cor	rporation	/				Weil	API No.			
Address P. O. Box 2523, Ros		00201				1				
Reason(s) for Filing (Check proper box))		naporter of:		het (Please expl	ain)			<u></u>	
Recompletion	Oil Casinghead (k D	Try Gas	j						
change of operator give name ad address of previous operator								<u> </u>		
I. DESCRIPTION OF WELL	the second s									
Blacknawk Federal				ding Formation		- Kind	of Lease Federal M/F		Lease No. C-065680	
Location Unit Letter K	. 2310			South Lin		.650' 🖬			000000	
				_		·	eet From The	<u>West</u>	Line	
			ange 31		MPM,	<u> </u>	<u>idy</u>		County	
II. DESIGNATION OF TRAI Name of Authorized Transporter of Oil		OF OIL Condensat			re address to wh	uch approved	a copy of this	form is to be s	ent)	
Pride Pipeline Comp.	any			P. 0.	Box 2436	. Abile	ne. TX	79604	-	
aute of Automized Transporter of Cala	agnead Gas) or	Dry Gas	Address (Giv	n address to wh	ich approved	l copy of this	form is to be s	ent)	
well produces oil or liquids, ve location of tanks.	Unit Se	• *		ls gas actually	y connected?	When	?			
		24	18S 31E							
Eus production is commingled with that	t from any other h	ease or poo	i, give comming	ling order sum	ber:				··	
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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance in a with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.