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	70	19s 28 E	L-T

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate P.O. Box 159 Artesia, New Mexico 88210 Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [or Dry Gas Sec. Is gas actually connected? When Unit Twp. Rqe. If well produces oil or liquids, no. give location of tanks. 0 18 19 ! 28

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature Owner

(Tille) 2 - 9 - 87(Date)

OIL CO	NSERVATION DIVISIO	אכ
APPROVED	FEB 1 0 1987	
BY Jes A	b. Vernent	

TITLE _____ NUPERVISOR DISTRICT H

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.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

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IV. COMPLETION DATA	•				1 3		÷ .		
Designate Type of Completion		Well Gas Well X	New Well	Workover X	Déepen I	Plu I	g Back	Same Res'v.	Diff. Res'v
Date Spudded 1-30-1987	•			Total Depth P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3517 Gr.			Top Oil/Go			Tut	oing Dep .848	oth	
Perforations						Dep	oth Casi	ng Shoe	
	TU	BING, CASING, A	ND CEMENTI	NG RECORD)				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SE	T		S/	ACKS CEMEI	NT
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WILL able for this depth or be for full 24 hours)

Date Firet New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)		
2-4-87	2-6-87	Pump			
Length of Tuel	Tubing Pressure	Casing Pressure	Chote Size		
24 Hrs	15 lbs.	15 lbs.			
Actual Prod. During Test	OII-BEIS.	Water - Bbls.	Gas - MCF		
8 · Bo.	8 EOPD	O			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitoi, back pr.)	Tubing Pressure (Shnt-18)	Casing Pressure (Shut-18)	Choke Size