DISTRIBUTION SANTA FE // FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COME ON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and (, . Effective 1-1-65 AS
I RANSPORTER OIL GAS OPERATOR		RECE	EIVED
PROPATION OFFICE Operator		JUN	9 1976
Address But 633 Mi	Carporation 19	70/ ARTESI	C. C.
Reason(s) for filing (Check proper box New We!! Recompletion	Change in Transporter of: Oil Dry G	Other (Please explain) Affective da	te on Condinsate 16
Change in Ownership	Casinghead Gas Conde	ensate X Jathuu 6-1	, G
If change of ownership give name and address of previous owner			
Lease Name Lease Name Ledical 12 Com	Well No. Foo Name, including 1 Deutox Ila		or Fee Federal C553232
Location	60 Feet From The Worth L	ine and 660 Feet From T	ne East
	ownship 21-1 Range	26-E, NMPM, Eddy	A County
Name of Authorized Transporter of Court of Court of Court of the Pack Material If well produces oil or liquids, give location of tanks.	Grube at lanching Gas X asinghead Gas or Dry Gas X. Has Co. Unit Sec. Twp. Ege. 12 21-1 26 16 16 16 16 16 16 1	But 1492 It Paro Is gas actually connected? Whe	Tufac 79978
V. COMPLETION DATA Designate Type of Complet	Oil Weil Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	FOR ALLOWARIE (Test must be	ofter recovery of total volume of load oil	and must be equal to or exceed top allo
V. TEST DATA AND REQUEST : OIL WELL Date First New Oil Bun To Tanks	Date of Test	fter recovery of total volume of load oil and must be equal to or exceed top allowersh or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)			ATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUN 9 1976	

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.

Christine o Lucker'
(Signature)
Cuthorized agent
(Title)
6-8-76
(Date)

SUPERVISOR, DISTRICT II TITLE _

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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