¥.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSFORTER OIL GAS OPERATOR PRORATION OFFICE Operator Monsanto Company Address 1.330 Midland Nation Recompletion Change in Ownership	REQUEST FO	Change Gas Compan X name to Southern	O. C. D. ARTESIA, OFFICE
	If change of ownership give name and address of previous owner			
н.	DESCRIPTION OF WELL AND LI Lease Name McNew Com.	1 Avalon - Straw	VII State, Federal or	I
111 .	Unit Letter <u>G</u> : 1604 Line of Section <u>5</u> Towns DESIGNATION OF TRANSPORTH Name of Authorized Transporter of Oil	ship 21 S Range 2 CR OF OIL AND NATURAL GAS	and <u>1980</u> Feet From The 26 E : NMPM, Eddy Address (Give address to which approved	County
	The Permian Corpor Name of Authorized Transporter of Castr El Paso Natural Ca Southern Union If well produces off or liquide, give location of tanks.	ation sphead Gas or Dry Gas X. Storing Co. Unit Sec. Twp. Ege. G 1 5 21 Si 26 E	Yes SU	Texas 79999
IV.		- (X) Date Compl. Ready to Prod.	New Weil Workover Deepen 1 Total Depth	Plug Back Same Res/v. Diff. Res/v.
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation		Depth Casing Shoe
	HOLE SIZE	TUDING, CASING, AND CASING & TUBING SIZE	D CEHENTING RECORD DEPTH SET	SACKS CEMENT
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 allog able for this depth or be for full 24 hours) OH. WELL Date of Tost Producing Method (Flow, pump, gas lift, etc.) Total of Tost			
	Longth of Tobt	Tubing Pressure	Casing Preseure	Cheke Size
	Actual Fred. During Tast	Oll-Bbis.	Water-Bblg.	Gas-MCF
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
	Testing Hotkad (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size
V!	I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	
	(Signature) Regional Production Manager (Title) 1/4/82 (Uate)		If this is a request for allow well, this form must be accompar- tozts taken on the well in accom- All sections of this form mu- sple on new and recompleted we	rable for a newly drilled or openant nied by a tabulation of the deviation dance with NULE 111. at be filled out completely for allow