	NO. OF COPIES RECEIVED				
	DISTRIBUTION		ONSERVATION COMMISSION		
	SANTA FE /		FCR ALLOWABLE	Form C-104 Supersedes Old: C-104 and C-110	
	FILE /-		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
	LAND OFFICE			RECEIVED	
	IRANSPORTER GAS				
	OPERATOR 2				
I.	PRORATION OFFICE				
	Operator				
	Fred Focl Drilling Congany				
	Reason(s) for filing (Check proper box)	1212 iverside, Corresbud, U.I. (220) eason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	From T.P. St	ate	
	Change in Ownership	Casinghead Gas Conden	nsate		
	If change of ownership give name				
	and address of previous owner				
IF	DESCRIPTION OF WELL AND I	FAZE			
	Lease Name	Well No. Poc. Nate e, Including Fe	crmation R 1 7 Kind of Lease	Lease No.	
	Hanagan State	1 Co pai C r	State, Federal	or Fee	
	Location			State 2-1-29	
	Unit Letter 🔆 : 198	30 Feet From TheCrub_ Lin	e and <u>1986</u> Feet From T	he <u>Bast</u>	
		nshir 05 C Range	NTLA®LA		
	Line of Section 👌 Town	nship <u>25 3 Range</u>	<u>30 E., NMPM,</u>	County County	
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
Maine of Authorized Transporter of Oll 🕱 or Condensate 🗌 Address (Give address to which approved copy of this for					
	Lon of Corporation		1.C. Box 330. Abilo	ne, loxas.	
		inghedd Gas 🔄 🛛 or Dry Gas 🔄	Address (Give address to which approv	ed copy of this form is to be sent)	
	20 (1 <b>2</b> .3	Unit Sec. Twr. Rge.	Is gas actually connected? Whe	n	
	If well produces cil or liquids, give location of tanks.	G 12 1215 1311	is gais actually connected i		
	· · · · · · · · · · · · · · · · · · ·				
IV.	If this production is commingled with COMPLETION DATA	i that from any other lease or pool,	give commingling order number:		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion		Tatal Depth	I I I	
		Date Compl. Ready to Pred.		P.B.T.D.	
	1C-1 - C Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	3723 fr	
	$\frac{1}{1}$				
	Perforations	<u> </u>	L f 3 - f	3/57 fri Depth Casing Shoe	
	37.9 to 371 ft.	•		37.3 5+	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			37:3	<u></u>	
		<u> </u>	3697		
<b>1</b> 7	TEST DATA AND REQUEST FOR ALLOWABLE (Pest must be after recovery of total volume of load oil and must be equal to or exceed top al				
OIL WELL				ha mast be equal to of exceed top attob	
	Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	;, etc.)	
	Length of Test	Tubing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbls. 20 168.	Water-Bbls.	Gas - MCF	
	└ <u>───┼┼<u></u>रे──┣┣<b>⊥</b>┷┳─────</u>	20	26		
	GAS WELL			+	
	Actual Prod. Test-MCF/D	Length of Test	Bhls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)		Casing Pressure (Shut-in)	Choke Size	
	Testing Method (piror, back pr.)	Tubing Pressure (Snut -ka)	Cosing Pressure (Bruc-In)		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED, 19		
			MIF 17 Constraint		
			By ML Christian		
	(m)		TITLE		
	$\sum \sum \lambda = \lambda$		This form is to be filed in compliance with RULE 1104.		
			It is form is to be filed in compliance with ROLE filed. 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.		
	Pe	artner	All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	······································	(e) August 0 1055			
		August 9,1966	Fill out only Sections I, II,	III, and VI for changes of owner, en or other such change of condition.	
	(Dat	.e)	well name or number, or transporter, or other such change of condition.		

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.

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