1	7	~		0	
	NO. OF COPPES RECEIVED	NEW MEXICO OIL CC	DNSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE U.S.G.S.		AND NSPORT OIL AND NATURAL (		
	LAND OFFICE	AUTHORIZATION TO TRAI			
	IRANSPORTER OIL			RECEIVED	
	OPERATOR 7	**			
[.]	PRORATION OFFICE			JUN 1 1966	
	Operator			0. C. C.	
	Antess Antess	v fizma (o <u>mi</u> aniji o ti fielkala) 		ARTESIA, DFFICE	
		, Nig string hewas			
	Reason(s) for filing (t.heck proper box New Well	:) Change in Transporter of:	Other (Please explain)		
	Recompletion	Cil: Dry Gas			
	Change in Ownershi	Casinghead Gas Condens	sate 📃		
	If change of ownership give name	<u>ente an Antratica de Es</u>	Leen a firm a firm the second second	1. 19	
	and address of previous owner	The subscription of the second s			
I.,	DESCRIPTION OF WELL AND		e, Including Formation	Kind of Lease	
	Lease Name tlart Hanson Federal Sector	, <del>*</del>		State, Federal or Fee	
	Location		<u></u>		
	Unit Letter6;33	Feet From The North Line	e and <u>Feet</u> From	The	
	Line of Section 57 To	wnship (55 Range	NMPM,	County	
		winning			
1.	DESIGNATION OF TRANSPOR Name of Authorized Transcorter of Oi	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ved copy of this form is to be sent)	
	Wastern 041 Crars Co.	-	1 T Reader ( A die		
	Name of Authorized Transporter of Ca	isinghead Gas 🔄 or Dry Gas 🔄	Adaress (Give address to which appro	-	
	Rillips Petrolaum		is cas actually connected?		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			
		ith that from any other lease or pool, t	give commingling order number.		
V.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completi				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
	Fool	Name of Producing Formation	Top Oil/Gas Pay	Tabing Depth	
	F.001	Rune of Frontiendy's substron			
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·		
v.		FOR ALLOWABLE (Test must be a)	(ter recovery of total colume of had oil pth or be for full 24 hours)	and must be equal to or excees top allow-	
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas 1	ifr. e.c.j	
		:			
	Length of Test	Tubing Pressure	Casing Fressure	Chuke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	
				· · · · · · · · · · · · · · · · · · ·	
				5	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Crevity of Condensate	
		I	4. Contraction of the state	· · · · · · · · · · · · · · · · · · ·	
	Testing Method (pitot, back pr.)	Tubing Pressure	Cacing Pressure	thome Size	
.,-	CERTIFICATE OF COMPLIAN		Ch. CONSERV	ATION COMMISSION	
V 1.	I CENTIFICATE OF COMPENSIVE			1986	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED JUIC -		
	<b>above is true and complete to the</b>	with and that the information given he best of my knowledge and belief.	BY /////////////20	<u>-119</u>	
			TITLE	netro	
	$\hat{\mu}$ $\hat{\mu}$		This form is to be filed in	comptiance with RULE 1104.	
	- Waved Way-		If this is a request for allo	wable for a newly drilled or deepened	
	(Sig	nature) David Day	tests taken on the well in acco		
	<u> </u>	odistion Olera Tule)	All sections of this form m able on new and recompleted w	ust be filled out completely for allow- vells.	
		18, 1966 . 18, 1966 .	Bill out Sections i H H	L and VI only for changes of owner,	
	······································	Date)	veil name or number, or transpo	rten or other such change of condition.	

Fill out Sections 1 (4) Hi, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Support 5 (1) Collid rest 5. Flort for ouch pool in multiple model. 19