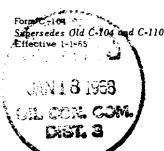
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LAND OFFICE			
IRANSPORTER	OIL	2	<u> </u>
HANSFORTER	GAS	1	<u>L</u>
OPERATOR		1	
PRORATION OFFICE			

1-2-68

(Date)

NEW MEXICO OIL CONSERVATION COMMISSICN



1.	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Petroleum Consultants	AUTHORIZATION TO TRAN	OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Supersedes Old C-104 and C-110 Effective 1-1-65 JAN 1 8 1968 GIL COM GONL DIST. 3		
	Address 2820 Central Avenue, Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	Other (Please explain)			
	DESCRIPTION OF WELL AND L Lease Name Connie Location Unit Letter D : 660	2 Escrito Gallu	State, Federal or and 660 Feet From The	Lease No. FeFederal SF078924 West Arriba County		
Ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Inland Corporation	or Condensate	Address (Give address to which approved P. O. Box 1528, Farm 1002 West Center Ave	l copy of this form is to be sent;		
	Camerland Pipelines, Name of Authorized Transporter of Casi Petroleum Consultant	nghead Gas or Dry Gas	Address (Give address to which approved 2820 Central, S.E.,	copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 21 24N 7W	Is gas actually connected? When yes 3-6			
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Resty. Diff. Resty. P.B.T.D. Tubing Depth Depth Casing Shoe		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEI TH GET			
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a chie for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
v	VI. CERTIFICATE OF COMPLIANCE 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 JAN 18	nery C. Ar nold		
LEWS G. JAMESON Vice President		TITLE SUPERVISOR DIST. #3 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 allow				
	<u> </u>		dleted we	110		

All sections of this form must be filled out completely able 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.