NO. OF COPIES RECI		5		
DISTRIBUTIO				
SANTA FE	1			
FILE	1	_		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	/		
I NAME ON LEK	GAS	1		
OPERATOR	1			
PRORATION OF	Ι'			

	SANTA FE		 	-	NEW MEXICO OIL CONSERVATION COMMISSION						Form C-104 Supersedes Old C-104 and C-110		
FILE /					REQUEST FOR ALLOWABLE AND						Effective 1-1-65		
	U.S.G.S.		+	تالم ا	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					: 45			
	LAND OFFICE			_	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	IRANSPORTER	OIL	. /										
	THANGEONIER	GAS	11	_									
	OPERATOR		11	-									
1.	PRORATION OF	FICE	Щ										
			regiser!	tion and	Operati	on.							
	Address			ATAN ANTH									
	Lindrith Ca	200. C	ourse!	ler, Nev	Mexico	87918			······				
	Reason(s) for filing	Reason(s) for filing (Check proper box) Other (Please explain)											
	New We!! Change in Transporter of:												
	Recompletion			Cil	Cil Dry Gas Casinghead Gas Condensate								
	Change in Ownership Casinghead Gas Condensate												
	If change of owners			Shall les	O11 Comp	aw.							
	and address of pre-	vious o	wner	- DATE - Y	ATT (4M)						· · · · · · · · · · · · · · · · · · ·		
Ħ.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease No.												
	Lease Name			Well	No. Pool Na	me, including Fo	ormation		Kind of Lease State, Federal or Fee			Lease No.	
	Mexico Ped.			1	Basir	Dokata			J. 2.2.0, 1 80010			1	
	Location	_		_	na m	laudelle i i	n grand 🔼	00	Fact From !	The Basis	•		
	Unit Letter	<u></u>	_ : _165	OFeet	r rom The	iouthLin	e ana <u>9</u>	×	reetriom	The	····		
	Line of Section	30	То	ownship	ch_H	Range	6-4	, NMP	MRio Arri	ha		County	
	1												
Ш.	DESIGNATION C	OF TRA	ANSPOR	RTER OF			S Address	Gine addra-	to which appro	ved conv of	his form is t	o be senti	
	Name of Authorized	i Transpo	orter of OI	11 X	or Condensate	ا •						- 00 0000)	
	Name of Authorized	Transn	orter of Co	asinghead Go	is or D	ry Gas	P.O. Box 108 Paraington New Monte Address (Give address to which approved copy of this form				his form is t	o be sent)	
				g	X.								
	EPIC Compa	-	ds.	Unit	Sec. Tw	p. Rge.	Is gas ac	tually connec	Farmingt ted?	en			
	If well produces oil give location of tan		40,	i i	i								
	If this production i	is comm	ingled w	ith that from	m any other,	lease or pool,	give com	ningling ord	er number:				
IV.	COMPLETION D									Plug Back	Same Res	stv. Diff. Restv.	
	Designate Ty	pe of (Completi	ion - (X)	Oil Well	Gas Well	New Well	workover	Deepen	l lug back)	1	
	Date Spudded	. · · ·	r		pl. Ready to I	Prod.	Total De	pth		P.B.T.D.			
	Date Spagged												
	Elevations (DF, RK	KB, RT,	GR, etc.	Name of F	Name of Producing Formation			Top Oil/Gas Pay Tu			pth		
	Perforations							Depth Cas	sing Shoe				
	TUBING, CASING, AND CEMENTING RECORD												
				7	TUBING, SING & TUB		CEMEN	DEPTH			SACKS CEN	MENT	
	HOLE	ESIZE		CAS	31110 & 1 UB	1170 3144	+	111	- - :				
							<u>i </u>			<u>. İ</u>			
V.	TEST DATA AN	D REG	UEST I	FOR ALLO	OWABLE	(Test must be a able for this de	ifter recove	ry of total vo	lume of load oil urs)	and must be	equal to or	exceed top allow-	
	OIL WELL Date First New Oil			Date of T		and for this de			ow, pump sas l	ift, etc.)	·		
	Date Liter New Off	. 4116.3	25.50.1	Date of 1992				AFIL IT					
	Length of Test			Tubing P	ressure		Casing F	<i>1 t</i>	el el el	Choco SI			
								18	Thri	18 1			
	Actual Prod. During	g Test	<u>`</u>	Oil-Bbla			Water - B	bla.	NOV 12 1	3	•		
					1		HON "	COM.					
	\								CON.				
	GAS WELL Actual Prod. Test-	- MCF/D		Length of	f Test		Bbis. Co	ndensate/M	BILL DIST.	Cravity o	f Condensate)	
	Motant Prod. 1491.	.,/											
	Testing Method (pi	itot, bac	k pr.)	Tubing P	ressure (Shu	t-in)	Casing I	ressure (Sb	rt-in)	Choke Si			
VI.	CERTIFICATE OF COMPLIANCE						OIL	CONSERV	ATION C	OIRSIMMC	N		
-								PATER	NOV 1 9	1973		. 19	
	I hereby certify th	I hereby certify that the rules and regulations of the Oil Conservation						riginal	NOV 12 Signed by	Emery C	. Arnold		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							Liginar	0				
		• -					1.5	: am	RVISOR DI	ST #3			
	1						11				with mill	F 110A.	
	Kases in me In					7 /			to be filed in	mable for a	newly drill	led or deepened	
	My Minance						il es	· 1 · 1 ·		ented by a	tabulation '	Of file desterror	
	~	(Signature)						taken on th	e Mell Tu Ecc	oldauce wir	U KOFE	1. letely for allow-	
	vperator_	(Title)						n new and	recompleted v	AGTIR.			
	November 8	.1072	, .	•			- 11		Castlena T	II III and	VI for che	inges of owner, ige of condition.	
		تهارسو					Il wall	em# Of BUD	per, or transpo	ITEN OL OTUE	. want citali		

(Date)

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

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