NO. OF COPIES RECEIVED		•7	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	L	
OPERATOR		t]	
PRORATION OFFICE			

DISTRIBUTION SANTA FE	المتعادية المتعا	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
FILE U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR !	<i>j</i>			
PRORATION OFFICE				
Operator	Crilling Company			
Address		A		
	fullding, Spand Junetic	Other (Please explain)		
Reason(s) for filing (Check prop	Change in Transporter of:	Offier (Fredse explain)		
Recompletion	Otl Dry C	Gas		
Change in Ownership	Casinghead Gas Cond	lensate		
If change of ownership give n and address of previous owner				
•				
DESCRIPTION OF WELL Lease Name	Well No.: Pool Name, including	Formation Kind of Lease State, Federal of	Çease No.	
Location	790 Last	_ine andFeet From Th	oputh	
Unit Letter;	Feet From The	5th Alo Apr	iba	
Line of Section	Township Range	, NMPM,	County	
DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL O	GAS	d some of this form is to be cont.	
Name of Authorized Transports	r of Cil or Condensate	Address (Othe Hadress to which approve		
Name of Authorized Transports	r of Casinghead Gas or Dry Gas 🔀	21.1000	d copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.  If this production is comming	gled with that from any other lease or poo	ol, give commingling order number:		
. COMPLETION DATA	Cil Well Gas Well		Plug Back   Same Resty, Diff. Rest	
Designate Type of Co			P.B.T.D.	
Date Spudded	Date Compl. Beady to Prod.	Total Death	P.B.T.D. 24%	
Elevations (DF, RKB, RT, GR	, etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubin <b>q Death</b>	
Perforations			Depth Cariff Shoe	
		AND CEMENTING RECORD		
HOLE SIZE	CASING A TEURING SIZE	DESTNEET	SA CONTRACT	
7 31 4		*601/	100 secks	
t 3/4	17/8		-	
		be after recovery of total volume of load oil o	and must be equal to or exceed top al.	
TEST DATA AND REQU	EST FOR ALLOWABLE (Test must be able for this	s depth or be for full 24 hours)		
Date First New Oil Run To T	anks Date of Test	Producing Method (Flow, pump, gas lij		
Tool	Tubing Pressure	Casing Pressure	Choke Siz	
Length of Test			AUC 1 1007	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF AUG I 1 1967	
			OIL CON. COM	
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of leat			
Testing Method (pitot, back	pr.) Tubing Pressure (Shut-in)	Casing Presure (Shut-in)	Choke Size	
I. CERTIFICATE OF COM	IPLIANCE	OIL CONSERVA	ATION COMMISSION	
		APPROVED	1 1967	
	iles and regulations of the Oil Conservat	ven Original Signed by Em	nery C. Ar <b>nold</b>	
Commission have been compiled with and that the moved above is true and complete to the best of my knowledge and belief.		STIDEDING OF	R DIST. #5	
_	1	11166		
ر م	1 AP		compliance with RULE 1104.  wable for a newly drilled or deep	
I omes	(Signature)			
(Signature)		tests taken on the well in acco	ordance with RULE 111. that he filled out completely for al	

Home Rom	
(Signature)	
Partner	
(Title)	
8/3/67	
(Date)	

All sections of this form must be filled out completely for allowable 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.