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### Continues to Purcershing Live Assessment Continues   Condemnate   Effective 1/1/66    ### Continues of Assessment Continues Assessment Continues   Assessment Continues Cont		New Well	·		•			
If change of ownership give name and actions of Drude Parchaeling Co., Box 234, Farmington, I. B.  Jenn Martington V WELL AND LESSE  Limit vitue  JEOU-111a 10  Lesses No.   Yeal No.   Yeal No.   Pool No.   No.   No.   No.   No.   No.    Lesses No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.    Lesses No.   Yeal No.    Lesses No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.   Yeal No.    Lesses of Lesses No.   Year No.   Year No.   Year No.   Year No.    Lesses of Lesses No.   Year No.   Year No.   Year No.   Year No.    It is supported to the No.   Year No.   Year No.   Year No.   Year No.   Year No.    Supported Administration Transpared to the Lesses   Year No.   Year No.		· <del></del>		ate Effective 1	./1/66			
The property of the form is to be sensity.    Designate Type of Completion = (X)   Display   Dis								
Lease Name   Lease Name   Solid Manne, Informating Foundation   State   Florida   State   Florida   State   Florida   State   Florida   State   Florida	and address of previous owner Aspell Grude Furchasing GO., BOX 274, Farming hom, A. H.							
TUBING, CASING, AND CEMENTING RECORD  Local Size of Services (Fig. 1882)  Local Size of Services (Fig.	11.	Lease Name	Lease No.   Well No.   Pool Name					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Note of Authorized Transporter of Oil   of Condemants   Authorized Transporter of Ontologian   of Condemants   Authorized Transporter   Ontologian   of Condemants   Ontologian   Ontolo			1 Bas	sin-Dakota	State, rederal or ree T GUCTAT			
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Name   Name of Authorized Tresponder of Oil   or Condenders X		24IV Line of Section 4 Township 35-X Range 5 W , NMPM, Rio Arriba County						
Name   Name of Authorized Tresponder of Oil   or Condenders X	HI.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Signature   Case   Ca		Name of Authorized Transporter of Oil		Address (Give address to which approx				
Sevil production of the final set of the production is commingled with that from any other lease or pool, give commingling order number:    V. COMPLETION DATA	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this							
State   Secretar of tunes.   Secretar   Se		<del></del>		Box 990, Farmington Is gas actually connected? When				
Designate Type of Completion — (X)  Designate Type — (X)  De		give location of tanks.	<del> </del>					
Designate Type of Completion — (X)  Done Spunded  Date Compl. Ready to Fred.  Date Outpost  Prioritions  Top Oil/Gas Pay  Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours!  Ditte Pirst New Oil Run To Tanks  Date of Test  Length of Test  Actual Prod. During Test  Oil-Bbls.  GAS WELL  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  JAN 18 1966  GAS WELL  Actual Prod. During Test  Oil-Bbls.  Gas Wenth (Pitot, back pr.)  Tubing Pressure  Oil Conservation  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)  Agont  (Title)  1/17/66  (Date)  Depth Casing Pressure  Total Question Signature)  Appendix is a request for allowable for a neutyl drilled or despended wells.  Fill out only Sections 8, 11, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must filled out completely for allowable on new and recompleted wells.  Fill out only Sections 8, 11, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must filled out completely for allowable on new and recompleted wells.  Fill out only Sections 8, 11, IIII, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	IV.				Dive Back   Same Backy   Diff Backy			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  Tubling Depth  Tubling Depth  Tubling Depth  Tubling Depth Cosing Shoe  Tubling CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top silouroble for this depth or be for fall 24 hours!  Date First New Oil Run To Tanks  Date of Test  Uning Pressure  Casing Fressure  Casing Fressure  Casing Fressure  Casing Fressure  Casing Fressure  Casing Fressure  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 value.  (Signature)  Agent  (Title)  1/17/66  (Date)  Tubing Pressure  Casing Fressure  Oil CONSERVATION COMMISSION  APPROVED  Original Signed Femery C. Arnold  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended will, this form must be accompleted wells.  Fill out only Sections of this form must be accompleted wells.  Fill out only Sections of this form must be discontined by a tabulation of the deviation test taken on the wall in accordance with RULE 1114.  All sections of this form must be accompleted wells.  Fill out only Sections of the form must be discontined by a tabulation of the deviation on the deviation of this deviation of the deviati		Designate Type of Completio		New Well Workover Deepen	Plug Buck Sume Hes V. Dim. Hos V.			
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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.  Agent  (Title)  1/17/66  (Date)  Casing Pressure  Choke Size  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  Original Signed Emery C. Arnold  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 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		Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
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		Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure				
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Separate Forms C-104 must be filed for each pool in multiply	1/17/66			Fill out only Sections I	Fitt out only Sections I II III, and VI for changes of owner,			
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