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	DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
!	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE			GAS
	TRANSPORTER OIL / GAS / OPERATOR 1			
1.	Operation Office Compass Exploration, Inc.			
	P. C. Ecx 1138, Farmington, New Nextco			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	Hecompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	一 - - - - - 	
	If change of ownership give name and address of previous owner			-
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	e, Including Formation	Kind of Lease
i	Lindrith	29 Basi	in Duadia	State, Federal or Fee Federal
	Location Unit Letter;;	Feet From The North Line		The est
	Line o: Section 9 , To	wnship 26N Range	7W , NMPM, Rio	County County
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Futhorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)			
	The Mark Trucking Tac . To Sox 1528 Farming ton New Mexico . Name of Authorized Transporter of Casinghead Gas . or Dry Gas . Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Company Unit Sec. Twp. Rge. 7 26N 7W	Is gas actually connected? Yes	New Merico
	If this production is commingled with that from any other lease or pool, give commingling order number:			
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (1 100, pamp, gas	
	Length of Test	Tubing Pressure	Casing Pressure Water-Bbls.	Choke Size
	Actual Prod. During Test	Oil-Bbls.	wdter - Bbis.	FUG31 1965
	GAS WELL		Bbls. Condensate/MMCF	Granul of Condensate 3
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/ WMCr	Olan.
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED AUG 3 1 1965 , 19, 19	
	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. Original signed by E. C. ELLIS Area Mgr. (Signature)		APPROVED AUG 3 1 1905, 19 BY Original Signed Emery C. Arnold 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	
*				

(Signature)

(Title)

(Date)

Area Manager

8-25-65

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 Sections I, II, III, and VI only 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.