OBSTRIBUTION TA TA SE G.S. ID OFFICE INANSPORTER GAS OPERATOR PRORATION OFFICE	REQ	DIDITION COMMISSION QUEST FOR ALLOWABLE AND TRANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS
Cperator Brooks Hall	Oil Corporation		
Address	0.1. (00 01.1.)		
Reason(s) for filing (Check proposed New Well Recompletion Change in Ownership	Change in Transporter or:	Other (Please explain) Ory Ons Condensate	
If change of ownership give n and address of previous owner	ame r	bond (
H. DESCRIPTION OF WELL	a deposit of management of the company		
Navajo Location	Well No. Pool Done, Inches Wildeat	Alexanca State, Fede	Legae No.
Unit Letter NE/4;	660 Feet From The north	Line and 660 Feet From	
Line of Section 33	Township 25N Rang	e 19W , NMPM,	San Juan
Plateau Refining (Co.	Farmington New Meyic	oved copy of this form is to be sent)
Plateau Refining (of Condensate	Advisors (Give address to which appr Farmington, New Mexic	oved copy of this form is to be sent)
Plateau Refining C Name of Authorized Transporter of Name of Authorized Transporter of If well produces oil or liquids, give location of tanks. If this production is commingle	or Condensate Co. of Casinghead Gas or Dry Gas Unit Sec. Twp. Page NE/4 33 25N	Advices (Give address to which appr Farmington, New Mexic Misses (Give address to which appr je. 10 mm contailly connected? Wi	oved copy of this form is to be sent) :O oved copy of this form is to be sent)
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GAS WELL 1 1 Actual Prod. Test-MCF/D Length of Test Bels. Condunacte/MMCF Grizvity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shuk-in) Cosing Pressure (Shut-in) Choke Size

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 gives above is true and complete to the best of my knowledge and belief.

(Date)

Vice President - Operations (Title)

September 7, 1976

APPROVED SEP 9

OIL CONSERVATION COMMISSION

Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deepened has this form must be accompanied by a tabulation of the deviation area false on the well in accordance with August 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

Well out only Sections I. II. Ill, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

^{*}Still testing well due to inability of reservoir pressure to stabilize. Will send supplemental report at later date.