NO. OF COPIES RECEIVED 7	1	
DISTRIBUTION		
SANTA FE /	NEW MEXICO OIL C	FOR ALLOWABL
FILE /	REGOEST	AND
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AN
LAND OFFICE		
TRANSPORTER GAS /	-	
OPERATOR 3		
PRORATION OFFICE	1	
Operator		
Address All Corporation		
Reason(s) for filing (Check proper box)	p×ico	Other (P
New Well	Change in Transporter of:	
Recompletion	Otl Try Go	is Charge
Change in Ownership	Casinghead Gas Conde	nsate
If change of ownership give name		
and address of previous owner		
DESCRIPTION OF WELL AND	LEASE	
Lease Name	Well No. Pool Name, Including F	ormation
West Disti Unit	146 matt loser	Collup
Location		•
Unit Letter C ;	660 Feet From The north in	ne and1990
Line of Section 35 Toy		
Line of Section 35 To	_	11-W , N
DESIGNATION OF TRANSPOR	wnship ZiN Range TER OF OIL AND NATURAL GA	ii. , ^N
DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	wnship ZiN Range TER OF OIL AND NATURAL GA	, N
DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil Oulf Refining Company	TER OF OIL AND NATURAL GA	ii. , ^N
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1000 2007 21. 1967

(Date)

OMMISSION

Form C+104

SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AUTHORIZATION TO TRAI	NOPUKI UIL AND NATUKAL G	A3	
TRANSPORTER OIL /				
GAS /				
DPERATOP 3	4			
PRORATION OFFICE				
·				
diress Corporation				
Ante A Ti Mahha Masa	- viae			
eason(s) for filing (Check proper box		Other (Please explain)		
(ew Well	Change in Transporter of: Oil Dry Gas			
Recompletion Change in Ownership	Casinghead Gas Condens	- Honarie in Transpo	rter, effective lalady	
change of ownership give name disaddress of previous owner				
	. Dago			
ESCRIPTION OF WELL AND ease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
West Disti Unit	146 Plate I reserve	State, Federal	O7815	
ocation			1906	
Unit LetterC;	660 Feet From The north inc	e andFeet From T	The	
98 _		NI (D) (5 County	
Line of Section 35 To	winship Range	, NMPM, San	Jan	
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
dame of Authorized Transporter of Oi		Address (Give address to which approx	ped copy of this form is to be sent)	
Culf Refining Company	,	Box 1150, Midland, Tes	ver copy of this form is to be sent)	
Name of Authorized Transporter of Co	asinghead Gas 🙀 or Dry Gas 🦳	Address (Give address to which approx	year copy of this form is to be sent;	
El Pago Naturel Cas C	Unit Sec. Twp. Rge.	Is gas actually connected to	48	
f well produces oil or liquids, ive location of tanks.	N/2 35		1-1-60	
	ith that from any other lease or pool,	give commingling order number:		
OMPLETION DATA				
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ate Spudded	Date Compi. Reday to Frod.	Total Depth		
levations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TURNO CACINO AND	CEMENTING RECORD	<u></u>	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
		<u> </u>	<u> </u>	
EST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allo	
DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Ggs - MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gd8-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			TION CONTUCCIO:	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	describations of the Oil Comments	APPROVEDFEB	3 2 1 1967, 19	
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Oining I Ci	Original Signed by Emery C. Arnold	
bove is true and complete to t	he best of my knowledge and belief.	BY Ongmai Signed	by rinery C. Arnold	
ير ا		TITLESUPERV	ISOR DIST #3	
$\mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} = \mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} = \mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} \cap \mathcal{A}_{\mathcal{A}} = \mathcal{A}_{\mathcal{A}} \cap $			This form is to be filed in compliance with RULE 1104.	
164 W Trol	and a self and	To this is a sequent for allow	wahte for a newly drilled or deepen	
- Albert Still	gnature)	well, this form must be accompanied tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanies to the second tests taken on the well in accompanies to the second tests to the second test to the second test tests to the second tests to the second test tests tests to the second test tests to the second test tests to the second test tests tests to the second test tests tests to the second test tests tests to the second tests tests tests to the second tests	anied by a tabulation of the deviati	
Area (mojuntion Manage	#P	tests taken on the well in acco	ust be filled out completely for allo	
	Title)	able on new and recompleted w	elis.	

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.