	NO. OF COPIES REC	10							
	DISTRIBUTIO								
	SANTA FE	1							
	FILE		1	v					
	U.S.G.S.		-						
	LAND OFFICE								
	TRANSPORTER	OIL	/						
		GAS	/						
	OPERATOR	1/2							
	PRORATION OF								
	Operator								
	Address								
	Fr. C. Walk	-							
	Reason(s) for filing (Check proper box,								
	New Well								
	Recompletion								
- 1		T-1							

⊢	DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION C	OMMISSION	Form C-104				
_	SANTA FE		REQUEST	Supersedes Old C-104 and C-11					
	FILE		AND Effective 1-1-65						
	U.S.G.S.		LITHODIZATION TO TO		ND MATURAL A				
	LAND OFFICE	<del>                                    </del>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
⊢		<del>  </del>							
	TRANSPORTER OIL								
L	GAS /								
	OPERATOP (2								
1.	PRORATION OFFICE								
7	perator	·		<del></del>		<del></del>			
_ <b>⊢</b> ,	Address								
- 11									
ľ	How Donates AND, Like 5, The Destina Asset in								
15	leason(s) for filing (Check proper	box )		Other (6	2/2222 200-1-1-1	· · · · · · · · · · · · · · · · · · ·			
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	onange in realisporter on			Change in carpitality affective by the					
F	Recompletion	01	on Dry Gas 🔲 Whe Gears was Mark wat the 36						
	change in Ownership 🚠 🐔	Ca	singhead Gas Conde	( ) (					
ــــ	- I - I - I - I - I - I - I - I - I - I								
If	change of ownership give nam	ne far	endra and the second		and the second				
	d address of previous owner _	30.3	21 th - 1 th 1 th 1 th 1 th 1 th 1	transing day	Tau.	Low V. M. McCarri, 1988			
					<del></del>				
II D	ESCRIPTION OF WELL AN	ND FEACE							
	ESCRIPTION OF WELL AN			<del>- · </del>					
			ell No. Pool Name, Including F	ormation	Kind of Lease	20400			
	eat liet ince	1	42 Plant cores	Callin	State, Federal	or Fee Francisco 078091			
ī	ocation			- CARPON ON P		E 2002 2 24 P 100 / 2			
	**	11-							
	Unit Letter;;	<b>500</b> F	eet From The <b>South</b> Lin	ne and <b>660</b> _	Feet From T	The <u>vest</u>			
	Line of Section	Township	26 Range	* ***	JMDM	sames Conner			
_	Bine of Section	Township	Adige	134 - 1	MPM,	County			
III. <u>D</u>	ESIGNATION OF TRANSPO	ORTER OF	FOIL AND NATURAL GA	<b>IS</b>					
	lame of Authorized Transporter of		or Condensate	Address (Give add	ress to which approv	ed copy of this form is to be sent)			
	- Add Delining Can	TA	DONTO PIDELLA	Į.					
<u>  •</u>					a 1144, III.	And, India			
7.	ame of Authorized Transporter of	Casinghead	Gas or Dry Gas	Address (Give add	ress to which approv	ed copy of this form is to be sent)			
	E Par Liter C	v. Takero	e Carrier	1 0 to 10	u_ 50 to a limited on	<del>†</del> 77			
-	the winds the many of the				k List, Els				
1:	well produces oil or liquids,	Unit	Sec. Twp. Rge.	Is gas actually con	nnected? Whe	n			
g	ive location of tanks.	8/2	26 26N 13W	Yes	1	1-1-60			
_					<del></del>	7-7-0			
If	this production is commingled	with that f	rom any other lease or pool,	give commingling	order number:				
IV. C	OMPLETION DATA								
			Oil Well Gas Well	New Well Works	over Deepen	Plug Back   Same Res'v. Diff. Res'v.			
1	Designate Type of Comple	etion — (X)	) ;	1	!	!			
┕			i	<u>i                                      </u>		<u> </u>			
	ate Spudded	Date Co	ompl. Ready to Prod.	Total Depth		P.B.T.D.			
ľ		j							
F	levations (DF, RKB, RT, GR, etc		(D-1) (D-1)						
-	iovations (Dr., KKB, KI, GK, etc	Name o	f Producing Formation	Top Oil/Gas Pay		Tubing Depth			
- 1				į					
F	erforations			<del></del>		Depth Casing Shoe			
	Depth Guard Shoe								
-  -									
1			TUBING, CASING, AND	CEMENTING RE	CORD				
	HOLE SIZE		ASING & TUBING SIZE			CACKE OFMENT			
-	HOLL SILL	<del></del>	ASING & TOBING SIZE	UEFI	TH SET	SACKS CEMENT			
-	<del></del>			<del> </del>	<del></del>	<u> </u>			
L						<u></u>			
V T	EST DATA AND REQUEST	FOR ALL	OWARIE (Tare must be a	far recovery of test-1	and and all a	and must be equal to or exceed top allow-			
	IL WELL	. POR ALL		pth or be for full 24	house)	ina must be equal to or exceed top allow-			
		<u> </u>	<del> </del>						
10	ate First New Oil Run To Tanks	Date of	1 A21.	Producing Method	(Flow, pump, gas lift	i, eic.)			
		İ							
1	ength of Test	Tubing	Pressure	Casing Pressure		Choke Size			
	•								
_				<u> </u>					
A	ctual Prod. During Test	Oil-Bb	18.	Water-Bbls.		Gas - MCF			
		1	A Has	1					
'—		<del></del>	<del>YPLINEN</del>	1		<del></del>			
			AFI FIVFU /						
G	AS WELL	/ \	(LULIII )						
A	ctual Prod. Test-MCF/D	Length	of Test	Bbls. Condensate/	MMCF	Gravity of Condensate			
			MING 3 1966	1					
_ ∟			111 1 1 1 1 1						
1	esting Method (pitot, back pr.)	Tuling	OIL CON.	Casing Pressure (1	Shut-in)	Choke Size			
		\ \	OIL COM. Z. /	1					
			DIST. 3			1			
VI. C	ERTIFICATE OF COMPLIA	ANCE		0	IL CONSERVAT	TION COMMISSION			
_	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.			APPROVEDAUG - 3 1966, 19					
Co				Drie	By Original Signed by Emery C. Arnold				
80									
				SUPERVISOR DIST. #3					
	·			TITLE					
				This form is to be filed in compliance with RULE 1104.					
		1. July 1. January	<u> </u>	If this is a request for allowable for a newly drilled or deepened					
	(S	ignature)		well, this form must be accompanied by a tabulation of the deviation					
	•	Signature)			the well in accord	lance with RULE 111.			
	No.			All sections of this form must be filled out completely for allow-					
		(Title)	l	able on new an	d recompleted wel	is.			
	71 - 45 €11-40-	al di	l	<b>?</b>					
						III, and VI for changes of owner, er, or other such change of condition.			
		(Date)	•	ii well ligue of Un	or densporte	seen -nente or constituit			

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.