	And the second second			
NO. OF COPIES RECEIVED	NEW NEW CO. OU. O			
SANTA FE		ONSERVATION COMMISSIC : FOR ALLOWABLE	Form C-104 Supersedes Ola	104 and C-11
FILE U.S.G.S.	4	AND	Effective 1-1-6°	
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATERAL GA		
TRANSPORTER DIL				
OPERATOR PROBATION OFFICE				
Operator				
Address				
Reason(s) for filing (Check pr	Pr 50x,	Other (Please esti.		
New Well Recompletion	Change in Transporter of: Oil Dry Ga	- leouther ?,	furrence	1.4.5
Change in Ownership	Casinghead Gas Conden			
If change of ownership give and address of previous owns		1.74		
I. DESCRIPTION OF WELL	AND LEASE			
Lease Name <b>Douthit Federa</b>	Well No. Pool hame, including Fo	Cliffs, West Sate Tederal:		Lease No.
Location Unification P 99()	S Feet From The <b>EO</b> UIT <b>h</b> Lin	e and 990 Fer From The	east	
Line of Section. 26	Township 27N Ringe			County
I. DESIGNATION OF TRANS	SPORTER OF OIL AND NATURAL GA	s		
Name of Authorized Transpor-	of CII or Condensate	Address (Give address to via approxima	copy of this form is:	e sen )
Name of Authorized Transports Southern Unior	of Casinghead Gas or Ery Gas <b>201</b> . Gas <b>Co.</b>	Address (Give address to on approved Fidelity Union Comer 31d		
If well produces oil or liquids give location of tanks.	Unit Sec. Typ. Ege.	is gas actually connected Whe:	unkn <b>o</b> m	<del></del>
If this production is commir a	ed with that from any other lease or pool,	<u> </u>		
Designate Type of Cor	Oil Well Gos Well	New Well Workover In an	ug Back - Same Rest	Diff. Restv.
Date Spudded	Date Compl. Ready to Proc.	Total Depth	B.T.D.	
Elevations (DF, RKB, RT, GI	Mame of Producing Formation	Top Cti/Gas Pay	abing Depth	
Perforations			epth Casing Shoe	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	
TEST DATA AND REQUE	ST FOR ALLOWABLE Test must be a	fter recovery of total volume of sad oil and pth or be for full 24 hours,	must be equal to or e-	ed top allow
OIL WELL Date First New Oil Bun To Ta		Producing Method (Flow, pur : gas lift,	-tc.)	
Length of Test	Tubing Pressure	Casing Pressure	hoke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	as - MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	ravity of Condensate	
Actual Float Float Mol / B			of the	
Testing Method (pitot, back ;	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHOICE STAN	
I. CERTIFICATE OF COMP	LIANCE	OIL CONSERVAT	ON COMMISSION	
I hereby certify that the ru.e	es and regulations of the Oil Conservation	AUG - 5 123		
Commission have been com	clied with and that the information given to the best of my knowledge and belief.	By Original Stand b.	Emelor CBAn	<u>d</u>
		TITLE SUPER R D. J	<u>*≥8</u>	<del></del>
	<i>g</i>	This form is to be led in co	-	
	(Signature)	If this is a request for allowal well, this form must be accompani	ed by a tabulation of 🗈	or deepened ne deviation
		All sections of this sorm must	nce with RULE 11' De filled out comple :	
	(Title)	able on new and recomp sted well	•	
		The state of the s	'IT and 177 for ober	8 Ut Uma
	Date,	Fill out only Sections I, II well name or number, or isnsporter Separate Forms C- 14 must	or other such change	s of owner, of condition in multiply

NO. OF COPIES RECEIVED				
DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104	104 104
FILE	KEQUEST	FOR ALLOWABLE AND	Supersedes Old Effective 1-1-6	-104 and C-1.
U.S.G.S.	ANT OT MOITASINOHTUA	NSPORT OIL AND NAT RAL G	<b>\</b> \S_1	
LAND OFFICE	Topic and Administration of the Control of the Cont			
TRANSPORTER GAS				
OPERATOR				
Operator				
- :				
Add <b>re</b> ss	See The Control of th			
Reason(s) for filing (Check p	(er box)	Other (Please expr)		
New Well	Change in Transporter of:	s Case la	funte	1/43
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder			
		sate		
If change of ownership give and address of previous ow		, ta		
DESCRIPTION OF WELL	AND A DAGE			
DESCRIPTION OF WELL	Well No. Pool Mame, Including F	ormation Kin Lease		Lease No.
Douthit Federa	3 Kutz Pictured	Cliffs, West Scal Federa.	FeeFederal	
Location Unification P 990	S somith	000		
Unif Letter	S Feet From The SOuth Lin	e and Fact From ":	east_	
Line of Section 26	Township 27N Range	11W , NMPM, Lian Jus	2	County
DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL GA	c		
Name of Authorized Transpor		Address (Give address to what approve	c copy of this form is t	e sen:)
None				
Southern Union	e of Casinghead Gas of Fry Gas 💯. Gas Co.	Address (Give address to vi approve Fidelity Union Tower Blo		
If well produces oil or liquids.	Unit Sec. Sun Fige	Is gas actually connected When		. D. D.
give location of tanks.	1	Y <sub>es</sub>	unkn <b>ow</b> n	
If this production is commir a COMPLETION DATA	gued with that from any other lease or pool,	give commingling order nur .er:		
	Oil Weil Gas Well	New Well Workover Decem	. 1g Back Same Res	Diff Res'v.
Designate Type of Cor				<u> </u>
Date Spudded	Date Compl. Ready to Proc.	Total Depth	B.T.D.	
Elevations (DF, RKB, RT, GF	etc., Name of Producing Formation	Top Cil/Gas Pay	ubing Depth	
Perforations			Caralla Char	
Periorations			Tepth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	IT
TECT DAMA AND DECV	EST FOR ALLOWARD F			
OIL WELL	EST FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours,		#ed top allow-
Date First New Oil Run To Ta	Date of Test	Producing Method (Flow, punc) gas lift,	·tc.)	
Length of Test	Tubing Pressure	Casing Pressure	Thoke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Tas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back ;	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1a)	cadosile/ -	
		, i	LULII LL	
CERTIFICATE OF COME	PLIANCE	1 / / / / / / / / / / / / / / / / / / /	ON COMMISSION	
I hereby cartify that the rule	es and regulations of the Oil Conservation	APPROVED 3 1365		:/
Commission have been com	plied with and that the information given to the best of my knowledge and belief.	By Original Sound By	Employ C3 Acr	đ
moove is true and complete	to the book or my knowledge sild better.	CHOPHY D D	3-8	
	<b>i</b>	This form is to be filed in co If this is a request for allowa	ble for a newly drille	or despened
	(Signature)	well, this form must be accompanied tests taken on the well. In accord	ed by a tabulation of	ne deviation
	14	All sections of this form must	be filled out comple:	y for allow-
	Title)	able on new and recompleted wel	la .	

Fill out only Sentians I, II [II, and VI for change is of owner, well name or number, or pensporter, or other such change of condition.

Separate Forms C-104 must be filed for each po in multiply completed wells.

Date