NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Gerator	REQUEST  AUTHORIZATION TO TRE  IN  PI	INLAND	C. C. Lamar, President  C. Corporation
	BENSON-MONTIN-G	REER DRILLING CORP	
Reason(s) for filing (Check proper bottom Well  Hecompletion Thange in Gwnorship	Change in Transporter of: Oil Dry Ga	Other (Please explain)	, New Mexico
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Na	me, Including Formation	Kind of Lease
DAVIS Location	1-X	Basin Dakota	State, Federal or Fee Indian
Line of Section 12 , T	RTER OF OIL AND NATURAL GA	13W , NMPM,	San Juan County  proved copy of this form is to be sent)
Name of Authorized Transporter of C		Box 1528. Farm	ington. New Mexico
Name of Authorized Transporter of C		Address (Give address to which ap	proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA	Unit Sec. Twp. Rge.		When Plua Back Same Res'v. Diff. Res'
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Bdck Sdine Nes V. Dilli, Nes
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Ircol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AN	DEPTH SET	SACKS CEMENT
HOLE SIZE	CAGINO & TOO M.		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this of	lepth or be for full 24 hours)	oil and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Of Philo	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		/ CITIVED /
l			KINLI
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of MARS 100 1965
		Caning Proseurs	Choke SOL CON. COM.
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chok SOIL CONT. 3
. CERTIFICATE OF COMPLI	ANCE	OIL CONSE	RVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservatio Commission have been complied with and that the information give above is true and complete to the best of my knowledge and belief		C	
above to trac and complete to the first term of the complete to		TITLE Supervisor Dist. # 3	
albert Rypler (Signature)		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate the result in accordance with RULE 111.	

Vice-President

March 9, 1965

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.

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.