NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 AND FILE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator USLOW Causas 67202 Change in Transporter of: New Well Dry Gas Recompletion OIICasinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE State, Feder Unit Letter III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS address hern Union Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Workover Deepen Oil Well Designate Type of Completion -(X)P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Cil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Cil Run To Tanks Choke Size Tubing Pressure Casing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbis. Actual Prod. During Test of Condensate GAS WELL Gravity Bbis, Condensate/MMCF Length of Test Actual Prod. Test-MCF/D <u> 21 0001</u> DIST. Casing Pressure (Shut-in) Tubing Preseure (Shut-in) Testing Method (pitot, back pr.)

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

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OIL CONSERVATION COMMISSION 0 1970
Original Signed by Emery C. Arnold's
TITLE SUPERVISOR DIST. #%

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.