B	Address 1860 Lincoln St., Suit	REQUEST	80295		
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership  If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	☐ [Atlantic Richfield	formerly	
	and address of previous owner				
II.	DESCRIPTION OF WELL AND I Lease Name Schlosser WN Fed.	JEASE   Well No.   Pool Name, Including Fo		or Fee Fed. SF 078673	
	Location	) Feet From The North Lin		Fact	
	3			Juan County	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil   Or Condensate   Address (Give address to which approved copy of this form is to be sent)   Box 3119, Midland, TX 79701				
	Name of Authorized Transporter of Castnghead Gas or Dry Gas X  El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sen:)  Box 990, Farmington, NM 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When	June 16, 1965	
	If this production is commingled with COMPLETION DATA		give commingling order number:		
	Designate Type of Completio	n - (X)   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth .	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth	
	Perforations		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEFTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test    Date First New Oil Run To Tanks   Date of Test				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Oil-Bbls.	Water-Bbis.	Gae-MCF	
	Actual Prod. During Test	V.1 D.5.01			
	GAS WELL				
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu-in)	Choke Size	

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.

· Al Common
(Signature) Accounting Supervisor (Title)

March 9, 1979

OIL CONSERVATION COMMISSION

MAR 1 2 1979 APPROVED\_ BY Original Signed by A. R. SUPERVISOR DIST: 65

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

TITLE .

If this is a remest for allowable for a newly drilled or despend well, this form mus be accompanied by a tabulation of the deviation tests taken on the veil in accordance with NULE 111.

All sections within 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 numbe, or transporter, or other such change of condition

Separate Form C-104 must be filed for each pool in multiply completed wells.