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U.S.G.S.		i	
LAND OFFICE		i	
IRANSPORTER	OIL	1	
TRANSI ORTER	TER OIL GAS	$\overline{\Gamma}$	-
OPERATOR		I.	
PROPATION OF	UCE.	1	

	SANTA FE /	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL / GAS /					
1.	PROBATION OF ICE					
	Crown Central Pet	roleum Corporation				
	Crown Central Petroleum Corporation					
	1010 Bank of the Southwest Bldg., Houston, Texas 77002  Reason(s) for (Please explain)					
	New Well.	Change in Transporter of: Oil Dry Go	as 🔲			
	Change in the Frankly X	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner	Sunset Internationa	l Petroleum Corpora	tion		
II.	2400 Fidelity Union Tower, Dallas, Texas 75201  DESCRIPTION OF WELL AND LEASE  Well No., Pool Name, Including Formation   Kind of Lease   Lease No.					
	Aztec Location	1 Basin Dak		2000		
	Unit Lette: D : 11	90 Feet From The North Lin	ne and 990 Feet From	n The West		
	Line a Jertion 2 To	ownship 27N Range	10w , NMPM, San	Juan County		
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorizes Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Ole Plateau, Inc.	_	p.O. Box 108, Farm	ington, New Mexico		
	Southern Union Ga	<del></del>	Address (Give address to which appropriately Union Tow	roved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		/hen		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV.	Designate Type of Completi	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  Designate Type of Completion — (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)  Take First New Cit Bun To Take  Date of Test  Producing Method (Flow, pump, gas lift, etc.)					
	. Date First New Cil Run To Tanks	Date of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Choke/Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF (a))		
	19:57: 3 at					
	GAS WELL Actual Prod. Toot-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Tes 104 very 25 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
<b>3/1</b>	CERTIFICATE OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION		
<b>V</b> 1.	CERTIFICATE OF COMPLIANCE		APPROVED			
I hereby certify that the rules and regulations of Communation have been complied with and that above is true and complete to the best of my k		with and that the information given	By Original Signed b	y Emery C. Arnold		
	A		TITLE			
	n n al		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.			
	M. R. Ino	notifi)				
	170	Agent	All sections of this form m	nust be filled out completely for allow-		
	(1)	,	to the or and an analysis and			