DISTRIBUTIO		5	
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ANTA FE		1	i
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U.S.G.S.			
LAND OFFICE	Ī		
IRANSPORTER	OIL	1	
	GA5	1	
OPERATOR		! /	
PROPATION OF	ICE	Ī	
Crown Cer	itral	P	eti
1010 Bank Reason(s) for filling (Check s	th	e S

	SANTA FE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	LAND OFFICE I RANSPORTER OIL GAS OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRA	AND NATURAL G				
	Crown Central Petroleum Corporation						
	1010 Bank of the Southwest Bldg., Houston, Texas (Reason(s) for thing (Check proper box) Other (Please explain)						
	New Well Recompletion Change in Cv. eiship X	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	=				
	If change o, ownership give name and address of previous owner		l Petroleum Corporat Tower, Dallas, Texa:				
11.	DESCRIPTION OF WELL AND	_	•				
	Kutz J. Federal	l Basin Dako	ta State, Federal	orFee Fed. \$F077384			
	Unit Letter B : 800	N Feet From The North Lin	e and <u>1840</u> Feet From 1	he East			
	Line of Decision 1 Tow	mship 27N Range	10W , NMPM, San J	uan County			
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	Address (Give address to which approx	ed copy of this form is to be sent)			
	Plateau, Inc.	inghead Gas or Dry Gas X	P.O. Box 108, Farm Address (Give address to which approv				
	Southern Union Gat	thering Co.	Fidelity Union Tow				
	give location of tanks.		i i				
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty. 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			
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	EST 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) (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 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 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 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)						
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	Ott-Bble.	Water-Bbis.	Gae - MCF			
	Actual Prod. During Test	On- Bala.					
	GAS RELL		Tayle 6 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Gravity of Condensate			
	Actual Prod. Test-MOF/D	Length of Test	Bbis. Condensate/MMCF	Choke Sare 1999			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	361.3			
VI.	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.		1				
			TITLE SUPERVISOR DIST. #A				
	H.R. Shon	2610+	This form is to be filed in compliance with RULE 1104.				
	1.91. STOP	(fee)	If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Age //ric	ent	All sections of this form must be filled out completely for allow-				