DISTRIBUTION ANTA FE	ILLEG	.ssı		Form C-104 / Supersedes Old (Effective 1-1-65	
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Name of Authorized Transporter of Ca	rsinghead Gas or Dry Gas	Address (Give address to a	which approved co	py of this form is to	be sent)
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above is true and complete to the best of my knowledge and belief.

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	(Signature)	1

Date

Area Production Manager (Title)

November 29, 1965

APPROV	PED DEC 2 1965	, 19
BY	A. R. ELRORICA	
	PETROLEUM ENGINEER	DIST. NO. 3

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 Limber of its assorter, or other such change of condition.

st be filed for each pool in multiply Separate Lithia Singula edilwi is