NO. OF COPIES RECEIVED	5
DISTRIBUTION	NEW MEXIC
ŞANTA FE	RE ⁽
FILE	
U.S.G.S.	AUTHORIZATION '
LAND OFFICE	
TRANSPORTER OIL /	
GAS /	
OPERATOR /	
PRORATION OFFICE	<u> </u>
Operator Le Mats Ostheri	ing System. Inc.
Address	
	ngton, New Marico 8740
Reason(s) for filing (Check prope	
New Well	Change in Transporter of
Hecompletion	Oil
Change in Cornership	Casinghead Gas
f change of ownership give na and address of previous owner	
DESCRIPTION OF WELL A Lease Name	ND LEASE Well No.
The second secon	1
My 4	
Location	
	Feet From The
Unit Letter ; Line of Section TRANS	, Township 29-1 F
Unit Letter ; Line of Section DESIGNATION OF TRANS Name of Authorized Transporter	PORTER OF OIL AND NATU of Oil or Condensate of Casinghead Gas or Dry Ga
Unit Letter ; Line of Section DESIGNATION OF TRANS Name of Authorized Transporter Name of Authorized Transporter	PORTER OF OIL AND NATU of Oil or Condensate of Casinghead Gas or Dry Ga
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O OIL CONSERVATION COMMISSION QUEST FOR ALLOWABLE

Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65

ILE /		AND	Effective 1-1-00
J.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS
AND OFFICE	-		
RANSPORTER GAS /			
PERATOR /	-		
RORATION OFFICE erator			
Le Plate Cathering	System, Inc.		
Box 717 - Farmingto	n, New Mercico 87401		
eason(s) for filing (Check proper box		Other (Please explain)	
ew Well	Change in Transporter of:		perator without change is
ecompletion	Oil Dry Gas Casinghead Gas Condens		merly operated by
hange in Ownership	Casinghead Gas Conden	sale	
change of ownership give name i address of previous owner			
ESCRIPTION OF WELL AND	LEASE		
ease Name	Well No. Pool Nan	ne, Including Formation	Kind of Lease State, Federal or Fee
Mye 4	1 Best	a Pakota	Jederal
pocation	D I D D	o and Feet Fro	m The
_	Feet From TheLine		
Line of Section , To	wnship 29-1 Range 1	, NMPM, Sec	Juan Count
SIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s	
ame of Authorized Transporter of Oi	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
Cransvestern Turkers		Bes 2077 - Farmingto	proved copy of this form is to be sent)
ame of Authorized Transporter of Co	asinghead Gas or Dry Gas	Box 990 - Farmington	
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
well produces oil or liquids, ive location of tanks.	J 4 29-1 10-W	Yes	
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
vate opaaaca		Top Oil/Gas Pay	Tubing Depth
Pool .	Name of Producing Formation	Top On/Gus Puy	
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be d	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top a
Oate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.	
oate First New Oil Run 10 Tunks	240 01 101		GETTIVED \
_ength of Test	Tubing Pressure	Casing Pressure	KERTILE
Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas-JUJF 2 7 1965
Actual Frod, Dailing 1991			CON. COMI.
AC WEST I			OIL DIST. 3
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
resting Method (puot, back pr.)	. uning 1 soudded		
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	RVATION COMMISSION
		APPROVED JUL 2 6 19	65 19
hereby certify that the rules an	d regulations of the Oil Conservation	· · · · · · · · · · · · · · · · · · ·	
Commission have been complied	with and that the information given	By Original Signed	Emery C. Arnold

Scent in Farmington (Title) July 26, 1965 (Date)

TITLE Supervisor Dist. # 4

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 Sections I, II, III, and VI only 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.

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