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1.	NO. OF COPIES NECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRAMS FORTER OIL GAS / OPERATUR PRORATION OFFICE Operator	NEW MEXICO OIL CO REQUEST F AUTHORIZATION TO TRAI	FOR ALLOWABLE		Form C-104 Supersedes Old C-164 and C-17 Effective 1-1-65			
	C & E Operator's, Inc. Address 170 One Energy Square Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Operator If change of Squareship give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden: W. P. CARR 6700 Fores	Sate Change	in name of 0				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.			
	Bandy	1 Aztec Picture	d Cliff	State, Federal or F	Fee 50410			
	Location Unit Letter V ;	96 Feet From The 5 Line	e and 1992	Feet From The _	W			
				Can luan	County			
	Line of Section 5 Tow	mship 30N Range 11	, INMP	<i>d</i> , ca c	994,			
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	pr Condensate	S Address (Give address	to which approved c	opy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas 🔲 or Dry Gas 🗶	1		opy of this form is to be sent)			
	El Paso Natural Gas	Company	P. O. Box 149	2, El Paso,	Texas 79978			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connec	ted? when				
		th that from any other lease or pool,	give commingling ord	er number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover		ug Back Same Resty. Diff. Resty			
	Designate Type of Completic		1	: 1				
	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	Tu	abing Depth			
	, , , , , , , , , , , , , , , , , , , ,				epth Casing Shoe			
	Perforations				pin Casing shoo			
		TUBING, CASING, AND	CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	T T	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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fl	ow, pump, gas lift, e	tc.)			
				T C	hoke Size			
	Length of Test	Tubing Pressure	Casing Pressure					
	Actual Prod. During Test	Cil-Bhis.	Water - Bble.	G	as MCF			
		And the second s			100			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	CF G	ravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5h	at-in)	hoke Size			
			1					
VI	. CERTIFICATE OF COMPLIAN	CE	nation given					
	i hereby certify that the rules and	regulations of the Oil Conservation						
	and the second s	with and that the information given e best of my knowledge and belief.						
	above is time and combists to m	TITLE DEPUTY Of a service of the best of my knowledge and belief.						
	10 Mach	A 1			pliance with RULE 1104.			
	12 1/2 06	110x L &	Ture totur re					

w. Aco	ele Ca	rr X					
(Signature)							
President			and the same of th				
	(Title)						

April 10, 1978 (Date)

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 number, or transporter, or other such change of condition.

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