1.	DISTRIBUTION  SANTA FE  FILL.  U.S.G.S.  LAND OFFICE  IRANSPORTER  OPERATOR  PHORATION OFFICE  Certaior		L CONSURVATION COM ST FOR ALLOWABLE AND RANSPORT OIL AND		Porm C-104 Superseder Old C-104 and C-11 Effective 1-1-65
	Northwest Pipeline	Farmington, New Mexico  Change in Transporter of:  Oil Dry	87401 Other (Please densate X)	se explain)	
	If change of ownership give name and address of previous owner	Well No. Pool Name, Including		O, Farmington,  Kind of Lease State, Fed Hal or Fee	Lease No.
	Location Unit Letter M ; 1	L90 Feet From The South waship 31M Range		Feet From The	West
11.	DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Co  Northwest Pipeline  Name of Authorized Transporter of Co  El Paso Natural Gas  If well produces off or liquids, give location of tanks.	or Condensate () Corporation singhed Gas () or Dry Gas ()	Address (Give address 501 Airport D Address (Give address Box 990, Farm Is gas actually connec	rive, Farmingt to which approved cop ington, New Me	y of this form is to be sent; on, New Mexico 87401 y of this form is to be sent; xico 87401
	If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spuided	th that from any other lease or poo	ol, give commingling orde		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubir	g Depth
	Perforations			Casing Shoe	
	HOLE SIZE	TUBING, CASING, A CASING & TUBING SIZE	DEPTH S		SACKS CEMENT

Data First New Oil Run To Tanks Date of Test Producing Metho co Sizo Casing Press Tubing Pressure Length of Test Water - Bals. Actual Prod. During Test Cil-Bbls. OIL CON CO DIST. 3 GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Casing Pressure (Shut-in) Choke Size Tubing Preseure (Shut-ia) Testing Method (pitot, back pr.)

## 1. CERTIFICATE OF COMPLIANCE

OIL WELL

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.

(Date)

PROMAL	Çtarrığı ile	 1.	MAHAFIE
(Signature		 	
(Tule)		 	

OIL CONSERVATION COMMISSION

(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

APPROVED	LER 3	1974	, 19
BY Origina	1 Signed by	A. R. Kendri	ek:
	OLEUM ENGINEE		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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 transporten or other such change of condition. no a real Triang Cated must be atted for each need in multiply