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SANTA FE			
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U.S.G.S.			
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PRORATION OF			
Operator			
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Address			
P.O. B			
Reason(s) for filing	Check p	roper	box j
New Well	\sqcup		
Recompletion			
Change in Ownership			
If change of owners and address of prev			

(Date)

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	SANTA FE							LOWABLE		Form C-104	Old C-104 and C-11
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	If change of owners										
	and address of previ	lous ow	ner								
	DECORIBERON OF	B #:51								+CE 070E11 A	
u.	DESCRIPTION OF	WEL	L AND	LEASE	No. Pool Name,	Including E	`ormation		Kind of Lease	<u>*SF-079511-A</u>	
	Florance				_			Ì		_	Lease No.
				44/	A Bian	co Mesa	<u>verde</u>		State, Federal	or Foo Federal	
	Location										
	Unit Letter	0	;117	70Feet	From The SO	uth Li	ne and _ 1	645	_ Feet From T	heFact	
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	Line of Section	31	To	wnship 3	BON	Range	8W	, NMPM,	San	Juan	County
									<u> </u>		
Ш.	DESIGNATION OF	F TRA	NSPOR'	TER OF	IL AND NAT	TURAL GA	\S				
	Name of Authorized	Transpor	ter of Oil		or Condensate			Give address to	which approv	ed copy of this form is	to be sent)
	Gary Energy				-					glewood, CO 8	
	Name of Authorized 7	Crananor	ter of Con	singhead Go	s at Dry	Gas (X)					
	Southern Un	-			J 4 2.7		Address (Give address to which approved copy of this form is to be sent)				
	Southern on	ton u	acher				P. O. Box 3981, Bloomfield, N. M. 8				8/413
	If well produces oil o		۵,		Sec. Twp.	P.ge.	Is gas act	tually connecte	d? Whe	n	
	give location of tanks	B.		10 1	31 30	N : 8W					
	If this production is	commi	neled wit	th that from	any other les	se or pool.	rive comm	ingling order	number:		,
	COMPLETION DA				,	o. poos,	B	anging order			
1					Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.
	Designate Type	e of Co	ompletic	on — (X)	-i ;		į	i	1	! !	;
	Date Spudded		· · · · · ·	Date Comp	ol. Ready to Prod	d.	Total Dep	oth .		P.B.T.D.	
					• • • •						
1	Elevations (DF RKR	RT C	P	Name of P	roducing Format	lion	Top 011/0	ias Pav		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) Name						, , , ,	,,,,		Jopin	
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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