NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO	OIL CONSERVATION COMMISSION	Form C-104
SANTA FE /	REQI	UEST FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE /_		AND	Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO	O TRANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			19.7
OPERATOR /			
PRORATION OFFICE			
3 al 51 yton	<i>V</i>		
Address	Jlug, sosmell, sex	7 25 2 100	
Reason(s) for filing (Check proper	box)	Other (Please explain)	
Vew Well	Change in Transporter of:	From The De	rmian Jorgonation
Recompletion	Oil Casinyhead Gas	Dry Gas Condensate Condensate	stoper 1, 1967
Change in Ownership	Casinghead Gas	Condensate	
change of ownership give named address of previous owner		7.	
ESCRIPTION OF WELL AS	ND LEASE		
_ease Name H ∩HOlVlu− State		Pool Name, Including Formation	Kind of Lease
	5	inyote veen	State, Federal or Fee State
Location Unit Letter ;	Feet From The	Line andFeet From	ப∈க்க¢ ுற் 5 3< 5•2 :The
14	3.1 %		INEVER
Line of Section	Township Rar	ige , NMPM,	County
ESIGNATION OF TRANSP	ORTER OF OIL AND NATUR	AL GAS	
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3201100V - 11			
	•	Address (Cive address to which appr	aved cary of the than is to be cent
Name of Authorized Transporter of	f Casinghead Gas or Dry Gas [Address (Give address to which appr	oved copy of this form is to be sent 1
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Rge. Is gas actually connected? W	oved copy of this form is to be senty
If well produces oil or liquids, give location of tanks.	Casinghead Gas or Dry Gas Unit Sec. Twp.	Rge. Is gas actually connected? W	
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Paul Slaytur Operation 10-1-607 (Date)

TITLE _____ 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.