	DISTRIBUTION ANTA FE ILE JU S.G.S. AND OFFICE IRANSPORTER OIL 1	REQUEST F	ASERVATIO, GUMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA RECEIV		
	OPERATOR PRORATION OFFICE	JUN 2 5 1974			
	Operator H. E. Prince Address Address				
	606 N. Atkinson Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: OII Dry Gas Casinghead Gas Condensate Condensate Fed. Lc-068127			
	If change of ownership give name and address of previous owner		One - 9x 200 1 con		
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		or Fee Fed. Lc-068127	
	Federal 4 Linda San Midres				
	Line of Section 33 Township 6S Range 26E , NMPM, Chaves Co y				
III.	Norre io Cmide Oil P	or Condensate	Drawer 159. Artesia	New Mexico 8820	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen:				
	If well produces oil or liquids, give location of tanks.	N 33 6S 26E	6S 26E No		
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. 5.				
	Designate Type of Completio	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	Tubing Depth	
	Perforations Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE 312E				
٧	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a reaccest top able for this depth or be for full 24 hours) OIL WELL				
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lij		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oii-Bble.	Water-Bbis.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condessas	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Vi	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	_	
•	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	BY JUN 2 6 1974		
	1/6 Frences	(Q.C.	This form is to be filed in compliance well. If this is a request for allowable for a well, this form must be accompanied by a treats taken on the well in accordance with All sections of this form must be filled out on the well in accordance with able on new and recomplete well and the fill out only Sections I, and well name or number, or transporter, or other ways.		