3.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NAT		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	Operator H. E. Prince					
	Address					
	606 N. Atkinson, Roswell, New Mexico, 88201 Reason(s) for filing (Check proper box) (Other (Please explain)					
	New Well	Change in Transporter of:		Permia		
	Recompletion	OII Dry G		Irmia		
	Change in Ownership X	Casinghead Gas Conde				
	If change of ownership give namep and address of previous owner	aul Slayton, 905 N.	Lea, Roswell, M	ew Mexico,	88201	
77	DESCRIPTION OF WELL AND	IFASE				
	Lease Name	Well No. Pool Name, Including F		d of Lease	Lease No.	
	Pendergrass	3 Linda San Ar	idres Sta	e, Federal or Fee	Fee	
	Unit Letter A ; 330	Feet From The N Lin	ne and <u>330</u> F	eet From The	Е	
				Chaves		
	Line of Section) To	wnship 7S Range	26E , NMPM,	- haves	County	
11. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					of this form is to be sent)	
					· · · ·	
	Name of Authorized Transporter of Cas	of Authorized Transporter of Casinghead Gas or Dry Gas		Drawer 159, Artesia, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	if well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When					
	give location of tanks.					
	If this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completic	Oil Well Gas Well (X)	New Well Workover D	eepen Plug Ba	ick Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
		·				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing I	Jepth	
	Perforations	1		Depth C	asing Shoe	
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	······································					
l				i		
	TEST DATA AND REQUEST F(JR ALLOWABLE (lest must be a able for this de	pth or be for full 24 hours)		os equal to or exceed top allow-	
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)		
ļ	Length of Test	Tubing Pressure	Casing Pressure	Choke S	420	
	Actual Prod. During Test	Oil-Bbia.	Wate:-Bbls.	Gca - MC	:F	
	Actual Floa. Dalling Tool					
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenagte/MMCF	Gravity	of Condensate	
		The December (about 4 a)	Casing Pressure (Shut-in)	Choxe S	17.6	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cuand Flessors (Sude-12)	Choxe 5		
∟ \1.	CERTIFICATE OF COMPLIANO	CE	OIL CON	SERVATION C	OMMISSION	
	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.		APPROVED JUN 29 1973			
			Br. W.a. Gressett			
1	Date 12 Life and complete to the peak of my knowledge and perion					
			TITLE <u>OIL AND GAS INSPECTOR</u> This form is to be filed in compliance with RULE 1104.			
		If this is a request for allowable for a newly drilled or deepened				
-	(Signa	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	- Owne (Tiu	All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
-	6-13-	73	Fill out only Bections I, N. UI, and VI for changes of owner, well name or number, or transported or other such change of condition.			
	(Da	(5)	Separate Forma C-	104 must be filed	i for each pool in multiply	
	an a					