Geologia	(Signature)		If this is a well, this form	is to be filed in con request for allowab must be accompanie the well in accorda	ole for a newly drilled by a tabulation of	led or deepened of the deviation	
VI. CERTIFICATE OF COMPLIANCE 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_	BY W. a. Gressett			
Testing Method (pitot, back p		Tubing Pressure (Shut-in)				te Size	
Actual Prod. Test-MCF/D	Length of Test	Length of Test		MMCF	Gravity of Condensate		
GAS WELL	production May,	, 1969; 3/4 <u>1</u>	Water - Bh	D,			
Actual 235 Dista Tuk	d Oil-Bbls.47	Oil-Bbls.47			Gas-MCF		
Length of Tests		Tubing Pressure		Casing Pressure Chol		ke Size	
OIL WELL Date Feel New 21 Pay To To		able for this	e after recovery of total depth or be for full 24 Producing Method			exceed top allow-	
			1941				
HPLE SIZE	CASING	CASING A TUBING SIZE		TH SET	135 SACKS CEMENT. 135 SACKS CITOUISTED		
	τυ	IBING, CASING, A	ND CEMENTING RE	CORD			
	Perforat 2916-1949 with 2 holes per foot					th Castna Shoe	
Elevation (A. R.K.B., R.T., G.R.					Tubing Dapth		
Date Spaded 66					P.B.T.D46	B.T.D.	
IV. COMPLETION DATA Designate Type of Co	ompletion - (Y)	l Well Gas Well	New Well Works	over Deepen 1	Plug Back Same Re	s'v. Diff. Res'v.	
If well produces oil or liquids give location of tanks. If this production is commin		other lease or poo					
Name of Authorized Transport		or Dry Gas		ress to which approved	d copy of this form is	to be sent)	
III. DESIGNATION OF TRAIN Name of Authorized Transport		AND NATURAL	Address (Give add	ress to which approved	d copy of this form is	to be sent)	
Line of Section	Line of Section Township Range			, NMPM, County			
Unit Letter				ne and Feet From The		West	
II. DESCRIPTION OF WELL Avalenche - Journal Location	Well No. I	Pool Name, Including	g Formation Andres	Kind of Lease State, Federal o	or Fee State	K-1006	
If change of ownership give and address of previous ow	ner						
Recompletion Change in Ownership	Oil Casinghead		Gas				
Reason(s) for filing (Greck pi	roper box)	Transporter of:	Other (F	Please explain)			
Address Box 3095	Lubbock, Texas				REBIA, OFF	C	
I. PRORATION OFFICE	unn Oil Operatio				ARTERIA . D	1969	
TRANSPORTER GAS OPERATOR	2				MAY 1 4	ED	
U.S.G.S. LAND OFFICE	AUTHOR	RIZATION TO T	RANSPORT OIL A	ND NATURAL GA	AS EEEE	14.	
SANTA FE FILE	/		AND	FOR ALLOWABLE AND		Supersedes Old C-104 and C-11 Effective 1-1-65 RECEIVED	
DISTRIBUTION		NEW MEXICO OII	L CONSERVATION C	COMMISSION	Form C-104		
NO. OF COPIES RECEIVED	3	A 1 (MALE)					

5-13-69

(Title)

(Date)

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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.