	ANTAFE			REQUE				T FOR ALLOW	MISSION	5	Form C - 104 Supersedes Old C - 104 Ellaction - 1 - 65			
	.S.G.S.				AUTHO	ORIZATIO	тоти	RANSPORT OIL	NATURA					
	IRANSPORTER	OIL									AN 11193			
	OPERATOR	GAS												
1.	PRORATION OFF	IC E								L.	O. C. D. RTESIA, OFFIC	te I		
	Operator S]	avtr	n O	il Cç	arn /									
	Address										· · · · · · · · · · · · · · · · · · ·			
	P. Reason(s) for filing (	O. Check p	Box oper 1	2035	;	Roswel	1, Ne	ew Mexico 8		explain)				
	; ew Well Recompletion					Transporter			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Lipidin)				
	Change in Ownership	X			Oil Casinghea		Dту Соти	Gas						
	If change of ownersh and address of previo	ip give ous ow	name ner		Paul	Slayt	on_F	. O. Box ]	936,	Roswe	1], New	Mexic	o <u>882</u>	
<b>I</b> I.	DESCRIPTION OF	WELI	LAN					· · · · · · · · · · · · · · · · · · ·						
	State E 92	)			13	Poel Name, 1 Brov	,	een Graybu	rg	Kind of Le State, Fedi		State	Lease E (	
	Unit Letter E			990			<u>est</u> ı	ine and]	<u>650</u>	_ Feel Fro	τ. The <u>NO</u>	rth		
l	Line of Section	26	T	ownship	1	<u> </u>	-ange	26 E	NMPM,	Chi	aves		Cou	
III. I	DESIGNATION OF	TRAN	SPOI	RTERC	OF OIL A	AND NATU	RAL G	AS	<del></del>					
Nome of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of th Injection Well										is form is t	o be sent)			
	Name of Authorized Tr	ar.s; cri	et of C	asinghea	d Gat 🔄	er Dry Ga	is	Address (Give a	ddress to	which app	roved copy of th	us form is s	o be sent)	
	li well produces cil or give location of tanks.	)iquide,		Ur.11	Sec.	Twr.	, F.g∉.	ls gas actually c	onnecie	d? <b>W</b>	ћел			
1 IV. (	f this production is c COMPLETION DAT	ommini <b>CA</b>	gled w	ith thet	from any	other lease	or pool,	give comminglin	E order	number:				
ſ	Designate Type of Completion - (X)												'v. Diff. Fr	
┝	Date Spudded Dat				Date Compl. Fleady to Prod.			Total Depth	• • • • • •	1	F.B.T.D.	I 	۱ ــــــــــــــــــــــــــــــــــــ	
	Elevations (DF, RKB, RT, GR, etc.)				Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth			
	Perforations							1		Depth Casing Shoe				
F		·	TUI	BING, CASI	D CEMENTING R	· · · · · · · · · · · · · · · · · · ·								
F	HOLE SIZ	HOLESIZE			ASING &	TUBING S	12 E	DEPTH SET			SACKS CEMENT			
F														
E													·	
V. Т О	EST DATA AND R	EQUE	ST F	OR ALI	LOWABL	E (Tesin able fo	nust be a or this de	fier recovery of 1010 pih or be for full 24	l volumi	e of load oil	and must be eq	jual to or ex	ceed top a	
-		First New Cil Run To Tanks			Tes:			Producing Method	pump, gas l					
1				Tubing	Pressure			Casing Pressure		1. 17.54 Choke Size 1649 6				
				OII-Bb	1-									
					11 - BDIS.			Water - Bble.			Gas • MCF			
G	AS WELL							· ···· · · ········						
_	AS NELL Ictual Prod. Test-MCF.	Þ		Length	of Test			Bbls. Condensate,	MMCF		Gravity of C	ondensate		
+	esting Method (pitot, b	ack pr.)		Tubing	Freesure (	Shut-in )		Casing Pressure (	Sbut-1	n)	Choke Size	<del> </del>		
	ERTIFICATE OF C	OMPI	14.54	<u>ר</u>										
			JIAN	E						1 3 198	TION COM	MISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given								APPROVED						
аb	above is true and complete to the best of my knowledge and belief. Bullen Wiebers Kam							BYLeslie A. Clements Supervisor District If						
								TITLE		<b>.</b>				
								If this is a	reques	t for allow	compliance wi able for a neg	wly drilled		
(Signature)							If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat, tests taken on the well in accordance with RULE 111.							
(Tule)								All section able on new an			at be filled ou lls.	t complete	ly for alle	
- Ann 1489 (Base)							-	Fill out or	ly Sec	tions I. II	III, and VI	for change ch change	es of own	
								well name or number, or transporter, or other such change of conditi-						