1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL IGAS OPET:/ TOR PRO:ATION OFFICE Ojerator Western Reserves Oil C Address P. O. Box 993, Midland Reoson(s) for filing (Check proper box)	REQUEST AUTHORIZATION TO TRA Company , TX 79702	FEB 1 0. (EIVED VATURAL CAS 0 1983 C. D. OFFICE	Form C-104 Supersedes Old C-104 and C-11 Etiocitive 1-1-65
	New We!I A Recompletion Change in Ownership If change of ownership give name and eddress of previous owner	Change in Transporter of; Cil Dry Ga Casinghead Gas Conder			
1.	7	LEASE Well No. Pool Name, Including F 1 Pecos Slope (, Feet From The South Inship 6 South Range 2.	Abo)	Kind of Lease State, Federal or F Feet From The , Chaves	
	give location of tanks.	or Condensate	Address (Give address Address (Give address P. O. Box 252 Is gas actually connect NO	to which approved co 1, Houston, ' ed7, When 1, 30	opy of this form is to be sent) opy of this form is to be sent) TX 77001 0 days
	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 2-28-82 Elevations (DF, RKB, RT, GR, etc.) 4100' GR Perforations	Oil Well Gas Well	New Well Workover Total Depth 4150' Top Oll/Gas Pay 3704	Deepen Plu	g Back 'Sume Res'v. Diff. Res'v. 3.T.D. 4103' bing Depth 3584' bih Casing Shoe
	3954-3984 - 13 shots HOLE SIZE 17 1/2 7 7/8	3806-3816 - 6 shots TUBING, CASING, AND CASING & TUBING SIZE 2 3/8 tubing 13 3/8 4 1/2	рертн s 3584' 903' 4150'	ET	SACKS CEMENT 1000 sx. 300 sx.
J.	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tonks Length of Test Actual Pred. During Test	OR ALLOWABLE (Test must be a able for this de Date of Teet Tubing Pressure Cil-Bbis.	fter recovery of total volu pth or be for full 24 hour. Producing Method (Flou Casing Pressure Water-Bble.	s) v, pump, gas lift, etc Chi	nust be equal to or exceed top allow-) oke Size e-MCF
Γ.	GAS WELL Actual Prod. Teet-MCF/D 25 MCF Teeting Method (pitot, back pr.) Back Pressure CERTIFICATE OF COMPLIANC	Length of Teet 24 HRS. Tubing Pressure (Shut-in) 900# CE	Bbls. Condensate/MMC 0 Casing Pressure (Shut 700-180 OIL	-in) Ch	avity of Condeneate 0 oke Size 16/64 DN COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Manual (Signature) MRE agent for Wickenfearwer Sebruary (19, 1983) (Dure)		If this is a req well, this form mus thats taken on the All sections o able on new and re Fill out only well name or numbe	b be filed in comp uest for silowable t be accompanied well in accordance f this form must be completed wells. Sections I. II. III tr, or transporter, or	liance with RULE 1104, for a newly drilled or deepened by a tabulation of the deviation

Hold for Motice of connect. send 4 pt notice when C-104 is approved

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NO. UF COMES ALCELVID DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPER/TOR PROFATION OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWAD RECEIVED AND INSPORT OIL AND NATURAL O FEB 1 0 1983 O. C. D. ARTESIA, OFFICE	Form C-104 Supersedes Old C-104 and (Elfective 1-1-65		
Operator Western Reserves Oil Company					
Address			· · · · · · · · · · · · · · · · · · ·		
P. O. Box 993, Midland					
Reason(s) for filing (Check proper box New Well) Change in Transporter of;	Other (Please explain)			
Recompletion	Cii Dry Ga	• □			
Change in Ownership	Casinghead Gas 🗌 Conden	isale			
If change of ownership give name and address of previous owner	L				
DESCRIPTION OF WELL AND					
Lesse Name Bravo Federal	Vell No. Pool Name, Including Fo 1 Pecos Slope (A		Lease No. Nor Fee Federal NM124		
Location	l.		MIII24.		
Unit Letter	OFeel From TheLin	• and Feet From '	East		
7		5 Fact Cha			
Line of Section ' To	wnship 0 SOUEN Range 2:	, NMPM, Cila	Count		
Nerte of Authorized Transporter of Oil		S Address (Give address to which appro-	ved copy of this form is to be sent)		
Name of Authorized Transporter of Co	singhead Gas 📄 or Dry Gas 🔏	Address (Give address to which appro	ved copy of this form is to be sent)		
Transwestern Pipeline	Company	P. O. Box 2521, Housto			
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? Wh			
give location of tarks.	<u> </u>	NO	30 days		
If this production is commingled wi . COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completion	on – (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Some Restv. Dill, Re:		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
2-28-82	5-10-82	4150'	4103'		
Clevations (DF, RKB, RT, CR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704	Tubing Depth 3584'		
Perforations			Depth Casing Shoe		
3954-3984 - 13 shots	3806-3816 - 6 shots				
		D CEMENTING RECORD			
HOLE SIZE	2 3/8 tubing	DEPTH SET 3584'	SACKS CEMENT		
17 1/2	13 3/8	903'	1000 sx.		
7_7/8	4 1/2	4150'	<u>300 sx.</u>		
· TEST DATA AND REQUEST F	OR ALLOWARLE (Test must be a	I fee second with the second s	i		
OIL WELL	able for this de	epth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
Length of Test	Tubing Pressure	Casing Pressue	Choke Size		
Actual Pred. During Test	Cil-Bbls.	Water - Bble.	Gas - MCF		
l	-1	<u> </u>	<u></u>		
GAS WELL					
Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
25 MCF Tenting Kinkod (pilot, back pr.)	24 HRS. Tubing Pressue (Shut-in)	O Casing Pressure (Shut-in)	Choke Size		
Back Pressure	900#	700-180	16/64		
1. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
the second se	regulations of the Oil Conservation	BY			
Commission have been complied	with and that the information given				
shove is frue and complete to th	e best of my knowledge and belief.				
\wedge					
[Janus	net	of this is a request for allo	compliance with RULE 1104. wable for a nawly drilled or despe		
in forman (Sig	anticale a	well, this form must be accomp	shied by a tabulation of the deviat		
MRE agent	for West on ferred	All sections of this form must be filled out completely for all			
John	ARS	able on new and recompleted w	elle.		
Funcacy		Fill out only Sections 1, 11, 111, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi			

Fill out only Sections 1. 11. 111, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi completed wells.

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OFEN: TOR PROMATION OFFICE Operator	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL C FEB 1 0 1983 O. C. D. ARTESIA, OFFICE	Form C-104 V Supersedes Old C-104 and (Ellocitivo 1-1-65 BAS	
Western Reserves Oil	Company			
Address P. O. Box 993, Midlan	d. TX 79702			
Reason(s) for filing (Check proper bos		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Cil Dry Ga Casinghead Gas Conden	H H		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Leose Nome Bravo Federal	Well No. Puol Name, Including Fill 1 Pecos Slope (A			
		ADO) State, Federa	1 of Fee Federal NM124	
Unit Letter I 198	O Feel From The South	• and Feet From "	East The	
7	6 South 21	5 Fact Cha	ves	
Line of Section To	wnahip 0 SOULII Range 2.	D East , NMPM, Cha	Ves Count	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Add:028 (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of Cr		Address (Give address to which appro	ved copy of this form is to be sent)	
Transwestern Pipeline		P. O. Box 2521, Housto		
if well produces all or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh NO	an 30 days	
L	ith that from any other lease or pool,			
COMPLETION DATA				
Designate Type of Completi	ion - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Resty, Diff, Re:	
Date Spudded	Date Campl. Ready to Prod.	Total Depth	P.B.T.D.	
2-28-82	5-10-82	4150'	4103'	
Elevations (DF, RKB, RT, GR, etc., 4100' GR	Name of Producing Formation ABO	Top O:1/Gas Pay 3704	Tubing Depth 3584'	
Perforations	2006 2016 6 1 5		Depth Casing Shoe	
3954-3984 - 13 shots	3806-3816 - 6 shots	CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	2 3/8 tubing	3584*		
17 1/2	13 3/8	903'	1000 sx.	
7 7/8	4 1/2	4150'	300 sx	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fer recovery of sosal volume of load oil	and must be equal to or exceed top al.	
OII, WELL Date First New OII Run To Tanks	able for this de	pth or be for full 24 hours) Producing Kiethod (Flow, pump, gas li	ilt. etc.)	
Cord Filler Real Off Light 10 Tours		the second second for second barries and	- · ·	
Longth of Tool	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred. During Test	Cil-Bbls.	Water - Bble.	Gas - MCF	
·		······································		
GAS WELL Actual Prod. Tool - MCF/D	Length of Teet	Bble, Condensate/MMCF	Gravity of Condensate	
25 MCF	24 HRS.	0		
Testing kiethod (pitot, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	900#	700-180	16/64	
CERTIFICATE OF COMPLIAN	NCE		ATION COMMISSION	
Commission have been complied	l regulations of the Oil Connervation with and that the information given he best of my knowledge and belief.	BY		
Canu I	n_{1} , L	This form is to be filed in	compliance with RULE 1104.	
and the second s	antista la	well, this form must be accomp	wable for a newly drilled or deepe anied by a tabulation of the deviat	
hre aunt	for Westin Ferrer	thats taken on the well in sco	ordance with MULE 111.	
A i II	MB NRO	able on new and recompleted wells.		
Hennauf	18,1700	Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owe ever, or other such change of condi-	
۳ <i>ا</i> ر	1417 /		at be filed for each pool in multi-	

well name or number, or transporter, or other such change of condi-Separate Forms C-104 must be filed for each pool in multi-completed wells.

H.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OFET: / TOR PROPATION OFFICE Operator Western Reserves Oil C Address P. O. Box 993, Midland Resson(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	ompany , TX 79	0RIZATION TO TRA 0702 1 Transporter of: Dry Gas			Porm C-104 Supersedes Old Ellocitivo 1-1-65 AS	
	If change of ownership give name and address of previous owner						
Ι.	DESCRIPTION OF WELL AND L		Puol Name, Including Fo	ermation	Kind of Lease		Lease N
	Bravo Federal		Pecos Slope (A	Abo)	State, Federal	or Fee Federal	NM124
	Unit Letter I 1980	Feet Fro	South	end660	Feel From T	East	
	7	6 60	+h 25	Fact	 Chay		
	Line of Section ' Tow	nship U SC	JULII Range 4-	, NMI	M, Onat		Count
t.	DESIGNATION OF TRANSPORT		AND NATURAL GA		s to which approv	ed copy of this form is to	be sent)
	l l		_				·
	Nome of Authorized Transporter of Cast Transwestern Pipeline] or Dry Gas 🛣	Address (Give addres P. O. Box 25		ed copy of this form is to TX 77001	o be sent)
		Unit Sec	Twp. P.ge.	Is gas actually conne		-	······································
	give location of tanks.	l	1 ø	NO	1	30 days	
1.	If this production is commingled with COMPLETION DATA	h that from an	iy other lease or pool,	give commingling or	der number:		
	Designate Type of Completio		Dil Well Gas Well X	New Well Workove	r Deepen	Plug Back Same Res	v. Dill. Re:
	Date Spudded	1	Aeady to Prod.	Total Depth		P.B.T.D.	
	2-28-82	5-10-82	2	4150'		4103'	
	Elevations (DF, RKB, RT, GR, etc.) 4100' GR	Name of Prod ABO	ucing Formation	Top Oil/Gas Pay 3704		Tubing Depth 3584'	
	Perforations			<u>I</u>		Depth Casing Shoe	
	3954-3984 - 13 shots		816 - 6 shots Tubing, Casing, and			1	
	HOLESIZE		A TUBING SIZE	DEPTH SET		SACKS CEMENT	
	17.1/0		8 tubing	3584'		1000	
	<u> </u>	$\frac{13}{4} \frac{3}{2}$	<u>8 </u>	<u>903'</u> 4150'		<u>1000 sx.</u> 300 sx.	
						i	
Л,	TEST DATA AND REQUEST FO	OR ALLOWA	BLE (Test must be a), able for this de	fter recovery of total v pth or be for full 24 ho	olume of load oil (purs)	and must be equal to or e	xceed top al.
	Date First New Oil Run To Tanks Date of Tee			Producing Method (Flow, pump, gas lift, etc		1, elc.)	
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
				Water - Bble.		Gas • MCF	<u></u>
	Actual Pred. During Test	Cil-Bbls.		water • D DIE.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Ter	•1	Bbls. Condensate/M	MCF	Gravity of Condensate	
	25 MCF	24 H	RS. w•(shut-in)	0		0	
	Tenting Method (pitot, back pr.)	Tubing Press 900#	w•(Shut-1n)	Casing Pressure (5) 700-180		Choke Size 16/64	
1.	Back Pressure 900# CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			
				APPROVED 19			
	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.						
			11				
				TITLE			
	[Janu mert		This form is to be filed in compliance with word filed. If this is a request for sliowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat				
APC Acrest In. Alland.			lest inferred	thats taken on t	he well in accou	dance with RULE II	۱.
	A THE MED			able on new and recompleted walls.			
	Hebruary /	8 110	101	Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit			
	/ (Date)/			Separate Forms C-104 must be filed for each pool in multi- completed wells.			

ſ	NO. 07 10-119 ALLENALD						
	DISTRIBUTION		DNSERVATION COMMISSION	Form C+104			
	FILE		AND DECEMEN	Supersedes Old C-104 and (
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	IRANSPORTER OIL		FEB 1 0 1983				
	OPER/ TOR		O . C. D.				
1.	Operator	······					
	Western Reserves Oil C Address	ompany					
	P. O. Box 993, Midland Reason(s) for filing (Check proper box)						
	New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Cil Dry Gas Casinghead Gas Conden) 				
	If change of ownership give name and address of previous owner						
۱.	DESCRIPTION OF WELL AND L	EASE. Well No.: Puol Name, Including Fo	fraction Kind of Lease	Lease No			
	Bravo Federal	1 Pecos Slope (A		or Fee Federal NM124			
	Location Unit Letter;	Feet From The Line	660	East			
	7	6 Couth 25	Fact Cha				
	Line of Section / Tow	nship 0 SOULII Range 2.	D LASL , NMPM, CHA	Count			
۱.	DESIGNATION OF TRANSPORT		S Add:oss (Give address to which approv	ed copy of this form is to be sent			
	4						
	Nome of Authorized Transporter of Cas Transwestern Pipeline		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, TX 77001				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n			
		give location of tanks. NO 30 days					
1.	I this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Dill. Re:						
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res. Dill. Hes			
	Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'	P.B.T.D. 4103'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	· Tubing Depth			
	4100' GR Perforations	ABO	3704	3584 ¹ Depth Casing Shoe			
	3954-3984 - 13 shots	3806-3816 - 6 shots					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		2 3/8 tubing	3584 '				
	17 1/2	13 3/8	903'	1000 sx.			
	7_7/8	4 1/2	4150'	<u>300_sx.</u>			
2.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al.						
	OII, WEII, able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Loond Presson					
	Actual Pred. During Test	Cil-Bbis.	Water - Bble.	Gas • MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	25 MCF	24 HRS.	0	0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	O Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	900#	700–180	16/64			
1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19			
	Commission have been complied with and that the information give above in true and complete to the best of my knowledge and belie		en BY				
			TITLE				
	Janu met			compliance with RULE 1104,			
	- fance no		If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia that a taken on the well in accordance with RUL2 111.				
	MRE aight	for alexinferred	All sections of this form m	at be filled out completely for all			
	Achurant,	18, 1983	able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of own				
(Dare)			well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi				

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II. Separate Forms C-104 must be filed for each pool in multi-

	NO. UF IDPICS ACCLIVED	MN OIL CONS. COMMISSIO Drawer DDew MEXICO OIL CO	NEERVATION COMMERCION	Form Gel Dama			
	5ANTA FE	REGUEST I	TOR ALLOWABLE IN DE	CERNIN			
	LAND OFFICE	Ff	EB 1 0 1983				
	OPER/TOR PROPATION OFFICE		O. C. D.	OHL & GAS			
١.	Operator			RALS MONT SERVICE SWELL, NEW MEXICO			
	Address P. O. Box 993, Midland	Address					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Cil Dry Gas Casinghead Gas Conden:					
	If change of ownership give name and address of previous owner						
۱.	DESCRIPTION OF WELL AND L						
	Lease Name Bravo Federal	Well No. Pool Name, Including For 1 Pecos Slope (A		or Fee Federal			
	Unit Letter;;	Feet From TheLine	and Feet From T	East			
	Line of Section 7 Tow	nship 6 South Range 25	East , NMPM, Chav	7es Count			
Ι.	DESIGNATION OF TRANSPORT		S Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas Transwestern Pipeline	Company	Address (Give address to which approv P. O. Box 2521, Houston	n, TX 77001			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	1# gas actually connected? Whe NO I	30 days			
1.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	Plug Back Sume Resty, Dill, Ros			
	Designate Type of Completio	n – (X) X					
	Date Spudded 2-28-82	Date Compl. Ready to Prod. 5–10–82	Total Depth 4150'	P.B.T.D. 4103'			
	Elevations (DF, RKB, RT, GR, etc.) 4100' GR	Name of Producing Formation ABO	Top 0:1/Gas Pay 3704	Tubing Depth 3584 '			
	Perforations 3954-3984 - 13 shots	3806-3816 - 6 shots	Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT			
		2 3/8 tubing	3584'	1.1.0.0			
	<u> </u>	<u>13 3/8</u> 4 1/2	<u>903'</u> 4150'	1000 sx. 300 sx.			
	TEST DATA AND REQUEST FO	l I					
· ·	OIL, WELL. Date First New Oil Bun To Tanks	Date of Teet	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif				
	Length of Test	Tubing Presewe	Cosing Pressure	Chote Size			
	Actual Pred, During Teet	Cil+Bbis.	Water - Bbls,	Gas-MCF			
			<u> </u>	L			
	GAS WELL	T		Gravity of Condensate			
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	25 MCF Testing Kethod (pitot, back pr.)	24 HRS. Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Chote Size			
	Back Pressure	900#	700-180	16/64			
ł	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, 19				
			ΒΥ				
			TITLE				
	/ Ancom		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despe well, this form must be accompanied by a tabulation of the deviat that taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells.				
	and the second s	alwey in a					
	MRE aigent	for Westinfervel					
	February (February 18, 1983		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit			
			Separate Forms C-104 must be filed for each pool in multi completed wells.				

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