NO. OF C PIES RECEIVED 1			
DISTRIBUTION	1	\$100 miles	
SANT, FA	NEW MEA.C	DO OIL CONSURVATION COMMISSION	Form Only to
FILE	1 	QUEST FOR ALLOWABLE	Supersades To a normal
3.3.6.5.	- SUTHORIZATION:	AND To transform on the second	Effective (*) *
Ext / OFFICE	THE PROPERTY OF THE PROPERTY O	TO TRANSPORT OIL AND NATUR	RAL GAS
THAN TER OIL			IVED
GAS OPERATOR I		REUE	. 1 4 2 2
PRORATION OFFICE	+		.07F
Operator			2 1975
Address E. Jeffers V			
Address			C. C.
Box 65 Artesia.	NM 88210	ARTESIA	A, OFFICE
New Well		Other (Please explain)	,
Recompletion	Change in Transporter of:	<u> </u>	
Change in Ownership	Casinghead Gas	Dry Gas	
Tr. Comments		Condensate	
If change of ownership give named address of previous owner	Burnham Oil Comps	any. Box 162, Artesia,	NM 88210
DESC! OF WELL AT	ND LEASE		
	Well No. Pool Name, Inc.	1	
State_32	1 Artesi	State, Fo	ederal or Fee State B-1717
init Letter J : 16	50reet From The East_	Line and 1350 Feet F	
	Township 17 South Run		-
_			Count
Name of Aur . Transporter of	ORTER OF OIL AND NATUR. OIL X or Condensate	AL GAS	
_Naveio Refining C			pproved copy of this form is to it soul)
Navajo Refining C	Castingheda Gas or Dry Gas	N Freeman Avenue Address (Give address to which a	Artesia NM 88210 pproved copy of this form is to it sent)
			erious copy of this four is in it. Conty
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.	Rige. Is gas actually connected?	When
<u></u>	J 32 17	28 no	\
COMPLETION DATA	with that from any other lease or	pool, give commingling order number:	
	Oil Well Gas	Well New Well Workover Deepen	
Designate Type of Comple			Plug Back Same Newly, with Ren
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DI, RKB, RT, GR, etc.	, Name of Producing Formation		
= 1 dens (Dr., RRB, RI, GR, etc.	. Name of Producing Formation		
	or reading romation	Top Oi./Gus Pay	Tubing Depth
Periorations	or routing romagin	Top Oi./Ous Pay	
Periorations) contacting to market	Top Oi./Chis Pay	Tubing Depth Depth Casing day
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if this is a request for allowable for a newly drilled or decompanied by a tabulation of the well, thus form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely or allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes I well name or number, or transporter, or other such change of to.

IV

(Signature)
Operator

(Title) 5-9-75

(Date)