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NO. OF COPIES RECEIVED 3								
SANTA FE	NI				DNSERVATION COMMISSION			
FILE /	 	REQUEST	AND	FOR ALLOWABLE AND			Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AUTHORI	ZATION TO TRA		OIL AND NA	TURAL GA	S		
LAND OFFICE	*;							
TRANSPORTER - GAS /								
OPERATOR /								
PROPATION OFFICE								
-Really 5il V	chrant							
A ritreus	Andrew Marine Control	_						
Reason(s) for filing (Check prope	bos, New Mexico	0		Other (Please ex	plain)			
New Well	Change in Tre	ansporter of:	:					
Necompletion	Cil Casinghead G	□ ⊃ry G Gas □ Conde		dange to	arab lacibles	an Loualitie		
war je warstenis	Ods.iighedd G	301.36	sate					
If change of ownership give named address of previous owner.								
DESCRIPTION OF WELL A	ND LEAGE							
DESCRIPTION OF WELL A	,	Well No. Pool No	ame, Includir	g Formation	<u> </u>	Kind of Lease		
. LOS HAN BO	ttory 10	g Gray	burg da	ekaca u a	ક ઝેલ	State, Federal or F	ee (*******	
Location				4.0				
Unit Letter NPM ;	Feet From T	he _South Li	ne and	60	Feet From Th	e <u>Rast</u>		
Line of Section	, Township	Range	32.E	, NMPM,	್ರತಿಕ್ಕ	<u>/</u>	County	
DEGLOS ATTION: OF TRANSF	OPTED OF OU	ID NATUDAL C	A.C.					
DESIGNATION OF TRANSF		ensate		Give address to u	hich approve	d copy of this form	is to be sent)	
Town New Mexico Pi	es Line Congres	y	rex		Land La			
			Address (d copy of this form	is to be sent)	
Skally GII Company	- Maljamar Plan	tar. Rge.		ually connected?	CE Wew When	Hexico		
If well produces oil or liquids, give location of tanks.	22			Ces	:	6-1-1960)	
If this production is commingle					·mhori		•	
COMPLETION DATA			6					
The second secon	Oil V	Well Gas Well	New Well	Workover		Plug Back Same	Restv. Diff. Restv	
Designate Type of Comp		Well Gas Well				Plug Back Same	Res'v. Diff. Res'v	
Designate Type of Comp		 		Workover		Plug Back Same	Res'v. Diff. Res'v	
Date Spudded	Date Compl. Read	dy to Prod.	New Well Total Dep	Workover		P.B.T.D.	Restv. Diff. Restv	
	letion - (X)	dy to Prod.	New Well	Workover		† †	Res'v. Diff. Res'v	
Date Spudded	Date Compl. Read	dy to Prod.	New Well Total Dep	Workover		P.B.T.D.		
Date Spudded Fool	Date Compl. Read	iy to Prod.	New Well Total Dep	Workover th Gas Pay		P.B.T.D. Tubing Depth		
Pate Spudded Fool Perforations	Date Compl. Read Name of Producin	y to Prod. Ig Formation SING, CASING, AN	New Well Total Dep	Workover the same state of the		P.B.T.D. Tubing Depth Depth Casing Shoe		
Date Spudded Fool	Date Compl. Read Name of Producin	iy to Prod.	New Well Total Dep	Workover th Gas Pay		P.B.T.D. Tubing Depth		
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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only 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

Superintendent

March 9, 1905

(Title)

(Date)