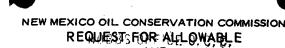
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NO. OF COPIES REC	EIVED	İ	
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
		T	



1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skally 011 Com Address Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	AUTHORIZATION JON TRY	Other (Please explain) Change of Jase McClure Both Wel	name from
II.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name West Dollarhide	LEASE Well No. Pool Name, Including F	P. O. Box 1920, Hobba. Cormation Kind of Lec	New Nexico 88240 Lease No.
	Location Unit Letter P; 330	Feet From TheLin	We will get the second start to	The state of the s
m.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Name of Authorized Transporter of Ca	A masses. I American as transp	Address (Give address to which appropriate to the Address of Address to which appropriate to the Address of Ad	ned Taxes 707(1) oved copy of this form is to be sent)
	El Paso Natural Can Co If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 30 248 38E	Yes	190 Teves 79000 hen
IV.	COMPLETION DATA Designate Type of Completic	<u> </u>	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
	Perforations	TUDING CASING AND	O CEMENTING DECORD	Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of pth or be for full 24 hours) Producing Method (Flow, pump, gas	l and must be equal to or exceed top allow-
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF
	GAS WELL			
	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF	Gravity of Condensate
•••			Casing Pressure (Shut-in)	Choke Size
	I hereby certify that the rules and commission have been complied value is true and complete to the	regulations of the Oil Conservation	APPROVED BY	Greg

ORIGINAL) V. E. FLETCHER

(Signature)			
District	Production	Manager	
June 2,	1969 (Title)	
	(Date	.1	

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 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.