	40. SFICEPICS AECELYTO 1				(578		** ,	
<u> </u>	DISTR'BUTION	NEW MEXI	_					
S'A	ANTA FE		EQUEST FOR AL		- Nichelia		E C-104	C 101 1
FI	ILE	7	AND				Supersedes Old C-104 and Effective 1-1-65	
U.	.s.g.s.	AUTHORIZATION		T 011 4 4 10 1				
L	AND OFFICE	AUTHORIZATION	TO TRANSPOR	I UIL AND I	MATURAL (GAS		
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1 1 5	RANSPORTER GAS	-					4	
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•	RORATION OFFICE	1						
1		as Producing Compa	nar					
Ado	dress	as i loddeling compan	ily					
1			•					
		idland, Texas 7970	L					
1	ason(s) for filing (Check proper box	*)		Other (Please	explain)			
Nev	w Well	Change in Transporter of	of:		•			
Rec	completion	` 011 ↑ X	Dry Gas			•		
Cho	ange in Ownership	Casinghead Gas	Condensate					
				L				
	hange of ownership give name address of previous owner							
	addition of previous owner							
. DES	SCRIPTION OF WELL AND	LEASE						
Leo	ase Name	Well No. Pool Name, Ir	naluding Formation		Kind of Lease	3		Lease N
1	State "9"	1 Flying	"M" San Andre	es :	State, Federa	or Fee St	ate	L-188
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. DES	SIGNATION OF TRANSPOR	TER OF OIL AND NATU	RAL GAS					
Nan	ne of Authorized Transporter of Oil	or Condensate	Address	Give address t	o which approx	ed copy of th	is form is to	be sent)
Mo				0100 040,000			,	
	obil Oil Company			Box 900,				,
	ne of Authorized Transporter of Car	singhead Gas or Dry Ga	P.O.		Dallas,	Texas 7	5221	
		singhead Gas or Dry Ga	P.O.	Box 900,	Dallas,	Texas 7	5221	
Nan	ne of Authorized Transporter of Car None		P.O. Address	Box 900, Give address t	Dallas,	Texas 7	5221	
Nan	ne of Authorized Transporter of Car	Unit Sec. Twp.	P.O. Address	Box 900, Give address t	Dallas,	Texas 7	5221	
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

Od R Hamund
(Signature) Division Production Manager
(Title)
October 12 1071

(Date)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbis. Condensate/MMCF

Casing Pressure (Shut-in)

			OIA COMMAN	331014	
APPROVED_A	OCT	1319	71	19	
BY Quel	w.	Ru	war		
TITLE	Geo	ologist	0		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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 walls.

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

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