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NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OU CO	NSERVATION COMMIS	.4	Form C-104	
SANTA FE		OR ALLOWABLE		Supersedes Old (C-104 and C-11
	, KEGOEO!!	AND		Effective 1-1-65	
FILE	AUTHORIZATION TO TRAN		URAL (GAS	
U.S.G.S.	AUTHORIZATION TO TRAI	101 OKT OIL THIS THE	U ,		
LAND OFFICE	_				
TRANSPORTER OIL	-				
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OPERATOR	1-1				
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Address Drawer	7%0 27 24 99940				
	N. M. 88240	Other (Please exp	olain)		
Reason(s) for filing (Check proper box		Office (1 today and	,		
New Well	Change in Transporter of:	To Change	Well	Number from 4316	to 4
Recom; letion	Oil Dry Gas	77			
Change in Ownership	Casinghead Gas Condens	sate			
To a company of the c					
If change of ownership give name and address of previous owner					
<u></u>					
I. DESCRIPTION OF WELL AND	LEASE	Including Formation		Kind of Lease	
Lease Name	Well No. Pool Nam	me, Including Formation		State, Federal or Fee	
Northeast Caprock (Que	en) Unit #4 Capi	rock Queen		Brate, 1 caerar or 1	
Location					
				The East	
Unit Letter I ; 1	980 Feet From The South Line	e and 660	Feet From	1 1 He	
	980 Feet From The South Line		Feet From	_	County
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VI. CERTIFICATE OF COMPLIANCE

resting Method (pitot, back pr.)

Actual Prod. Test-MCF/D

GAS WELL

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

L G BLEVINS, JR. ASST. DIST. SUPT. (Title)

JUN 1 5 1965

(Date)

OIL CONSERVATION COMMISSION

Bbls. Condensate/MMCF

Casing Pressure

Gravity of Condensate

Choke Size

APPROVED

This form is to be filed in compliance

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 completed wells.

