DISTRIBUTION		CONSERVATION COMMIS	Form C-104
SANTA FE	REQUEST	T FOR ALLOWABLE	Supersedes (Did C+106 and C+1) Effective 1-1-65
FILE	4	AND	
U.S.G.B.	_ AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS
LAND OFFICE	4		
TRANSPORTER OIL GAS			
OPERATOR			
Operator			
STM Pipe & Sup	oply, Inc.		
4600 N. Highwa Reason(s) for filing (Check proper box	ay 80 Midla	other (Please explain)	
New Well	Mange H. Classporter at:		
	OII TT	Ga (
Recompletion Change in Ownership	in the second	iensate	
f change of ownership give name _n ind address of previous owner	Texaco, Inc. P.O. H	Box 728 Hobbs, New	Mexico 88240
DESCRIPTION OF WELL AND Lease Name Northeast	Well No Jone, Irc. dung		
Caprock Queen Unit	16 Caprock Qu	ueen State, Føder	ral or Fee State E 7049
Unit Letter A = 660	0 Feet From The east :	in and <u>660</u> Feet From	The north
	ownship 12 S Range		County
DESIGNATION OF TRANSPOR Name of Authonized Transporter of O		Address (Give datess to which upp	
Texas-New Mexico P	ipe Line Company asinghead Gas X or ry Gas	P.O. Box 1510 M Address (Give address to which appr	idland, Texas 79701
tiane of Authorized Transporter of Ce	asinghead Gas 🔥 or ty Gas 🦲	Address (Give address to which appr	roved copy of this form is to be sent;
none			
	Unit Sec. w. Pge.	is gas actually connected?	/hen
If well produces oil or liquids.			
If well produces oil or liquids, give location of tanks.	P 16 12 S 32	1	
give location of tanks.	P 16 12 S 32	Enone	·····
give location of tanks.	P 16 12 S 32 with that from any other lease or poo	E none	· · · · · · · · · · · · · · · · · · ·
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give location of tanks. If this production is commingled w COMPLETION DATA Designate Type of Completi	$\frac{P + 16}{12 \cdot S \cdot 32}$ with that from any other lease or pool ion - (X)	E none: bl. give commingling order number: liew Well Workover Deepen	Plug Back Same Res'v. Diff. Res
give location of tanks. If this production is commingled w COMPLETION DATA	P 16 12 S 32 with that from any other lease or poo	E none: bl. give commingling order number: liew Well Workover Deepen	
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give location of tanks. If this production is commingled w COMPLETION DATA Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.)	P 16 12 S 32 with that from any other lease or pool in Well Cas Well ion - (X) Date Compl. Ready to Prod.	E none: ol, give commingling order number: New Well Workover Deepen Total Depth	Plug Back Same Restv. Diff. Rei P.B.T.D.
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I hereby certify that the rules and regulations of the Dil Conser Commission have been complied with and that the information give above is true and complete to the best of my knewledge and the BY___

Je William				
	(Signature)			
 	(Title) 2/29/72			
 	(Date)			

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ł	TITLE	

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 allow-spir 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.

AAR IS 1972 Area **Second by** Area **Second by** Area **Second**

OIL CONSERVICE I Commin. HOULD II. M.