NO. OF COPIES RECEIVED									
DISTRIBUTION									
SANTA FE		NEW MEXICO OIL	CONSERVA	TION COMM	115. JN		Form C-104		
FILE		REQUES ⁻	T FOR ALL	OWABLE			Supersedes Old	C-104 and C-1	
			AND				Effective 1-1-65	•	
U.S.G.S.	AUTHOR	IZATION TO TR	PANSPORT	OIL AND	NATURAL	GAS			
LAND OFFICE						.			
TRANSPORTER						*			
GAS									
OPERATOR									
I. PRORATION OFFICE									
Operator									
i	o Inc.								
	er 728				-				
L	, N. M. 88240						*		
Reason(s) for filing (Check prop	er box)			Other (Please	explain)				
New Well	Change in Ti	ransporter of:			, ,				
Recompletion	Oil	Dry G	ias 🗍	·m · or ·					
Change in Ownership	Casinghead (Gas Cond	ensate	*To Chan	ge Well	Number	from 4121	to 20	
									
If change of ownership give na and address of previous owner	ame								
								·	
II. DESCRIPTION OF WELL A	AND LEASE				·				
-	West No. 1 (O			ame, Including Formation			Kind of Lease		
	Ansen) outt	*20 Cap	rock Que	en		State, Fe	ederal or Fee		
Location									
Unit Letter A ;	990 Feet From T	The East Li	ne and	330	Feet From	The	North		
Line of Section 21	, Township 12S	Range	32E	, NMPM,	•	Lea		County	
Name of Authorized Transporter	or Conde	ensate							
Name of Authorized Transporter of	oleum Company T	L	Legge	tt Build	ing - Mi	dland.	this form is to Rexas this form is to	-	
None Cities Service Petro Name of Authorized Transporter of None	oleum Company T	rucks or Dry Gas	Legge Address (G	tt Build	ing - Mi o which appr	dland,	Texas	-	
Name of Authorized Transporter of None If well produces oil or liquids,	oleum Company T	rucks or Dry Gas	Legge Address (G	tt Build	ing - Mi o which appr	dland.	Texas	-	
Name of Authorized Transporter of None	oleum Company T	rucks or Dry Gas	Legge Address (G	tt Build	ing - Mi o which appr	dland,	Texas	-	
Name of Authorized Transporter of None If well produces oil or liquids, give location of tanks. If this production is commingle	oleum Company To Casinghead Gas Unit Sec.	rucks or Dry Gas Twp. Rge. 12S 32E	Legge Address (G	tt Build ive address t ally connecte	ing - Mio which appr	dland,	Texas	-	
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resting Method (pitot, back pr.)

Actual Prod. Test-MCF/D

GAS WELL

VI. CERTIFICATE OF COMPLIANCE

Length of Test

Tubing Pressure

OIL CONSERVATION COMMISSION

Gas-MCF

Choke Size

Gravity of Condensate

APPROVED

Bbls. Condensate/MMCF

Casing Pressure

TITLE

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.

J. G. BLEVINS, JR. ASST. DIST. SUPT. (Title) JUN 1 5 1965

(Date)

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 completed wells.