DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	FICE		
Operator			
Address			
	J4 E	. 1	

	SANTA FE		ONSERVATION COMMIS	Form C-104 Supersedes Old C-104 and C-110		
ŀ	FILE	KEQUEST I	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	LAND OFFICE			<i>5</i> /15		
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PROPATION OFFICE					
	Operator					
		IUN BIUS				
	Address		nr. = 0.1			
	Reason(s) for filing (Check proper box	ers ket, midland, Texas	Other (Please explain)			
	New Well	Change in Transporter of:	Chiler (1 teuse explicity)			
	Recompletion	Cil Dry Gar	s			
	Change in Ownership 2	Casinghead Gas Conden				
	If change of ownership give name	American Petrofina Compan	y of Texas. P. C. Dox	1311, Lig Spring, Texas		
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name Tract 4	Well No. Pool Name, Including Fo		2000		
	orth Carrock Queen Uni	ital 13 Caprock Queen	Loa State, Fede	ral or Fee		
	Location					
	Unit Letter : ; 46:	C Feet From The Rorth Line	e and <u>4620</u> Feet Fron	n The Last		
	Line of Section 31 To	wnship 108 Range 32	PE , NMPM, Le	a County		
		men on our and market of	-ي			
III.	Name of Authorized Transporter of Cl	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)		
	i .		3411 Knoxville /ve.,			
	Name of Authorized Transporter of Co	IIV	Aciress (Give address to which app	roved copy of this form is to be sent)		
	None					
		Unit   Sec. Twp. P.ge.	Is gas actually connected?	Vhen		
	If well produces oil or liquids, give location of tanks.	. K 31 128 328				
	ve at in a new duration in commitmed at	ith that from any other lease or pool,				
	COMPLETION DATA	th that from any other rease or poor,				
_ ,		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Dift. Resty.		
	Designate Type of Completi		1 1	1		
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Cil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations			John Stand		
		TUBING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & FEBRUARIES				
v	TEST DATA AND REQUEST F			il and must be equal to or exceed top allow-		
• •	OH. WELL  able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	11,1, 612.7		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
		O11 - 3bis.	Water-Bbls.	Gas - MCF		
	Actual Prod. During Test	0100.01				
	l					
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressurs (Shut-in)	Choke Size		
			<u> </u>			
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19		
	Camplian have been complied	with and that the information given he best of my knowledge and belief.	BY mu	, Kunyan		
	above is true and complete to tr	te best of my knowledge and bottom				
		_	TITLE Geologia			
			This form is to be filed i	n compliance with 和ULE 1104.		
	/lam	d) uns	as at the second of the self	loweble for a newly drilled or deepened		
	(Signature) Tom Bius Operator		well, this form must be accome tests taken on the well in ac	menied by a impulation of the datamen.		
			All sections of this form	must be filled out completely for allow-		
		itle)	able on new and recompleted	wells.		
	0 <b>-1-7</b> 0		Fill out only Sections I.	II, III, and VI for changes of owner, orter, or other such change of condition.		
		Date)	well name or number, or transp	just be filed for each pool in multiply		
			Separate Forms C-104 m	mar no treat tot amont base on managed,		