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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSFORTER	GAS	
OPERATOR		

September 25, 1969

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- 1	Reason(s) for filing	(Check prope	r box)					Other (Please	explain)			
- 1	New Well			Change in	n Transporter	of:		Oh mara	÷= 0:	and the second	anama Su	
- 1	Recompletion	\Box		Oil		Dry Gas	, [1 –	_		name fr	I
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11.	DESCRIPTION O	P WELL A	IND I	Well No	Pool Name	Including Ex	ormation	1 454/66.7 R - 3958	Kind of Le	ease		Lease No.
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IN.	DESIGNATION O	F TRANSI	PORT	ER OF OIL	AND NAT	URAL GA	S					
r	Name of Authorized	Transporter	of Oil	or C	Condensate		Address	(Give address	to which ap	proved copy	of this form is t	o be sent)
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ı	Scrvice P	ine lin	کیون	<u>Cumany</u>		3 5;	3611	Thoyvi	lle Av	enue,	Jubbock, of this form is	'l'exas
i	Name of Authorized					Gas	Address	(trive agaress	to which ap	provea copy	of this form is i	o be sent;
ĺ	Mannen Fe	tmoleu	m Co	prorati	ion		Box	1589, T	ulsa.	Oklaho	ma	
				Unit Sec		Rge.		tually connect		When		-
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į	give location of tan			A 25	2 1 1.4.15		Yes			11	69	
1	If this production i	s commingle	ed with	h that from a	ny other lea	se or pool,	give com	mingling orde	r number:			
	COMPLETION D											
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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.

Secarate Forms C-104 must be filed for each pool in multiply