DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABIDES OFFICE C. C. AND AUTHORIZATION TO TRANSPORT OIL	
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AND U.S.G.S. AUTHORIZATION TO TRANSPORT OILUMP NAGUE AL MAS	
OIL	. Lifective I-I-65
OIL STANSBORTED OIL	67
IRANSPORTER - CASE - CA	
OPERATOR	
PRORATION OFFICE Operator	
Sunset International Petroleum Corporation	
201 Wall Bldg., Suite 308 - Midland, Texas	
Reason(s) for filing (Check proper box) Other (Please explain) Mew We.: Other (Please explain)	
Hecompletics. Cil Dry Gas	
Change in Cwnership Casinghead Gas X Condensate	
If change of ownership give name and address of previous owner	
DESCRIPTION OF WELL AND LEASE	
Lease Name, Including Formation Ki	nd of Lease ate, Federal or Fee State
Location.	
That Cetter L ; 1980 Feet From The South Line and 660 Feet Prom The	West
Time of Peation 16 , Township 8S Hange 36E , NMFM, Roosey	'elt County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Dil X or Condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to which approved to the condensate Address (Give address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address to the condensate Address (Give address to the condensate Address to the condensate Address (Give address to the condensate Address (Give address to the condensate Addre	conv of this form is to be sent)
Mobil Pipe Line Company 315 W. Wall Street -	
Name of Authorized Transporter of Casinghead Gas 🗶 or Dry Gas 🗀 Address (Give address to which approved o	copy of this form is to be sent)
Cities Service Oil Company P. O. Box 300 - Tuls	a. Oklahoma
If well produces oil or liquids, Unit Sec. Twp. E.ge. Is gas actually connected? When	
	-25-64
If this production is commingled with that from any other lease or pool, give commingling order number:	
. COMPLETION DATA Oil Well Gas Well New Well Warkayer Deepen Di	
Designate Type of Completion — (X)	ug Back Same Resty, Diff. Rest
Date Operation Date Compl. Ready to Prod. Total Depth P.	3.T.D.
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S. L. Parks

(Signature) Clerk

(Title)

June 1, 1967 (Date)

This form is to be fixed 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