	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL	. REQUEST		C Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65 CAS
I.	GAS OPERATOR PRORATION OFFICE Operator	DIL Co - APE	RATING DIVIS	
	Address 217 Nor FH Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder		s 67202
	If change of ownership give name and address of previous owner	AMERICAN PETROL	EUMCORP, Boy 68,	Hobbs, N.M.
11.	DESCRIPTION OF WELL AND Lease Name FARSELL FEDERAL Location Unit Letter	Well No. Fool Name, Including F	SAN ANDRES State, Fede	ral cr FeFEPERAL 0108997-A
	Line of Section 28 Tor	winship 7-5 Range 3.	3-E, NMFM, ROO	SEVELT County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	MOBIL PIPELINE Some of Authorized Transporter of Cas CITIES SERVICE	singhead Gre a or Dry Gas	Address (Give address to which appr Boy 69 Zubby	bued copy of this form is to be sent) New Mérice
	If well produces oil or liquids, give location of tanks.	J 28 7-5 33-E	YES	6-7-66
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic Date Spudded		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	JACKS CEMERT
v.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- 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 lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water - Bble.	Gas - MCF
1	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)	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE 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.		OIL CONSERVATION COMMISSION APPROVED JUL 2 1970 , 19 BY SUPERVISOR DISTRICT .	
M. L. Aisenbrey ^(Signature) Prode Clerk (Tide)			This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-	

All sections of this form multiple initial out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiply

(Tille) (0-27.70 (Date)