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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
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OPERATOR			
PRORATION OFFICE			
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Address			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ŀ	SANTA FE	NEW MEXICO OIL CO			Supersedes Old	C-104 and C-110
}		REQUEST	FOR ALLOWABLE	رية المراجعة المراجع المراجعة المراجعة ا	Effective 1-1-6	
-	FILE		AND		·c	
1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL GA	Ď	
	LAND OFFICE		100	276		
	TRANSPORTER GAS					
ı	OPERATOR					
. 1	PRORATION OFFICE					
	Operator					
	Selem M. Mark	Oll Commany				
ŀ	Address	Oil Company				
1		Markets and the Comment of the Comment	_			
1		ox 730, Hobbs, New Mexic	Other (Pleas	e evolain)		
	Reason(s) for filing (Check proper box)		Office (Freus	e explain)		
	New Well	Change in Transporter of:				1
	Recompletion	Oil Dry Ga	s 🔲			
1	Change in Ownership	Casinghead Gas 🛒 Conden	sate			
	If change of ownership give name					
•	and address of previous owner					
H.	DESCRIPTION OF WELL AND I	EASE				
i	Lease Name Bott.	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
	Hobbs "T" To No. 2	R Chaveroo Sa	a Andres	State, Federal	State	E-1369
	Location					
	Unit Letter;196	Feet From The Scotth Lin	e and	Feet From Th	e Kest	
	Unit Letter;	reet From The				
	Line of Section	nship 7-8 Range 3	3-E , NMP1	M. Roose	velt	County
	Zine or occur.					
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
111.	Name of Authorized Transporter of Oil		Address (Give address	to which approve	d copy of this form is	o be sent)
		•-•-	D 0 Por 90/	nelled -	Tevas	
	Magnolia Pirc Line Co Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	P.O. Eox 90i	to which approve	d copy of this form is	o be sent)
			Bartlesvill			
	Cities Service Oil Co	Unit Sec. Twp. Rge.	Is gas actually connec			
	If well produces oil or liquids,	1		, , , , ,		
	give location of tanks.	G 34 75 33E	yes		June 6, 1966	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	er number:		
	COMPLETION DATA	Tank y	Norkover	Deepen	Plug Back Same Be	s'v. Diff. Res'v.
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Designate Type of Completion	n – (X)		Deepen		s'v. Diff. Res'v.
			New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Designate Type of Completion	n - (X) Date Compl. Ready to Prod.	Total Depth	Deepen	P.B.T.D.	s'v. Diff, Res'v.
	Designate Type of Completion	n – (X)		Deepen		s'v. Diff, Res'v.
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	Total Depth	Deepen	P.B.T.D. Tubing Depth	s'v. Diff, Res'v.
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	Total Depth	Deepen	P.B.T.D.	s'v. Diff. Res'v.
	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay		P.B.T.D. Tubing Depth	s'v. Diff. Res'v.
	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n - (X) Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay		P.B.T.D. Tubing Depth Depth Casing Shoe	
	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	RD	P.B.T.D. Tubing Depth	
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IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE	Total Depth Top Oil/Gas Pay D CEMENTING RECO	PRD SET	P.B.T.D. Tubing Depth Depth Casing Shoe	MENT
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	CH	8 (us-	
	No. of Street, or other Parks	(Signature)	
		(Title)	
	·	(Date)	

APPROVED		, 19
	γ	_
BY		

TITLE _ 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 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 completed wells.