And the State of Market and State			
DISTRIBUTION		CONSERVATION COMMISSION	Form C -104
SANTA FE		EOR ALLOWARLE	Supersedes Old C-104 and C-1
FILE		AND PERSON AND PERSON U. U. U.	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE		JUN 15 11 57 AM '66	
GAS		Polar	
OPERATOR			
PROPATION OFFICE	·····		
Sunray DX 011	Compart		
A stress		·····	
P. C. Box 111 Reasons) for filing it linck proper	5 - Roswell, New Mexico	Other (Please explain)	
, New Act.	Thange in Transporter of:		
eren og vertal av <u></u> For for av rek pår og willerakang <u></u>	Call Dry Ga Casinghead Gas X Condor	Nor Composition	
If change of ownership give name			
and address of previous owner			
I. DESCRIPTION OF WELL AN	D LEASE	ime, Including Formation	Kind of Lease
New Mexico Stat	- "12" Otate 11-Y Chave	eroo San Andres	State, Federal or Fee State
Loc mon	e AL SAME HI-I ONAVE	si co ball midres	50406
1 0	880 Feet From The <u>W</u> Lir	ne and 660 Feet Fro	m The
Lano et doration 34 .	Township 7S Range 3	33E , NMPM,	Roosevelt County
		• 7	
I. DESIGNATION OF TRANSPO Name of Asthorized Transporter of	OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)
Mame of Annehiled Hanspord of Magnolis Pipelin		Box 1073 - Mobil 31d	
Name of Authorized Transporter of	Casinghead Gas 🗶 or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent;
Capitian, Inc.		Box 6598 - Dallas, T	exas
If well produces cil or liquids,	Unit Sec. Twp. Rge.		When
give location of tanks.	E 33 7S 33E	Yes	6-6-66
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Comple		New Well Workover Deepen	Pray Back Same fres V. Com fres
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Foci	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
i erforations			Depth Casing Shoe
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allo
OIL WELL	able for this de	epth or be for full 24 hours)	
Pate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	<i>(i)</i> , <i>e</i> (<i>c</i> .)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
) 			· · · · · · · · · · · · · · · · · · ·
GAS WELL Actual Prod. Test-MCI/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			i
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		OIL CONSERV	VATION COMMISSION
I. CERTIFICATE OF COMPLIA	INCE		
			10
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED	, 19
I hereby certify that the rules ar Commission have been complied		APPROVED	, 19, 19
I hereby certify that the rules ar Commission have been complied	nd regulations of the Oil Conservation d with and that the information given	BY	
I hereby certify that the rules ar Commission have been complied	nd regulations of the Oil Conservation d with and that the information given	BY	A ALAS A ALAS A ALAS
I hereby certify that the rules ar Commission have been complied	nd regulations of the Oil Conservation d with and that the information given	BY TITLE This form is to be filed i	

Distri (

(Tine) 6-15-66

(Date)

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Carineer

If this is a request for allowable for a newly drilled or d	eepened
well, this form must be accompanied by a tabulation of the d	eviation
tests taken on the well in accordance with RULE 111.	

All sections of this form must be filled out completely for allow-able on new and recompleted wells. Fill out Sections I. II, fil, 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 completed wells.