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	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION CO	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE	4	AND	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	SAS
	LAND OFFICE	4	ന ം	
	TRANSPORTER OIL	-	<u> </u>	
	GAS	-		
	OPERATOR	1		
1.	PRORATION OFFICE			,
	() INTIN	()	HOFFRATING	DIVISION
	Address	$\mathcal{O}(\mathcal{N}) \subset \mathcal{O}$		10/3/010
	217 1/20-	TU MATER 1	Illicuita Kai	VSAS 67202
	Reason(s) for filing (Check proper box	THE VITTING	Other (Please explain)	3/13 4/202
	New We!1	Change in Transporter of:		
	Recompletion	OII Dry Go	ıs 🗍	ĺ
	Change in Ownership	Casinghead Gas Conder	7	•
	Change in Owner Simple	2 1		
	If change of ownership give name	W AMEDICAN KET	COLEUM CORP, DOY	18 ZUI N M
	and address of previous owner	K // //CKICAN VE	LUXEUM CONT, Sug	W/ 70004)//
	DECEMBRION OF WELL AND	IFACE		
11.	DESCRIPTION OF WELL AND	Well No. Poel Name, Including F	ormation / Kind of Lease	A No.
	FROCE / FEDER	PAL & CHAVEROO	SAN HNDRE State, Federa	OF FEDERAL CINS991-8
	Location	na Cinva Roo		. ,
	F 19	80 Feet From The NORTH Lir	se and 660 Feet From	The WEST
	Unit Letter ;;	O reet From The 707 77	0	
	Line of Section 28	waship 7-5 Range 33	3-E, NMPM, KOOS	SEVELT County
	Line of decitor X			
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is c	
	Name of Authorized Transporter of Oil	cr Condensate	Addass (Give address to which appro-	vod capy of this form is to be sent)
	MIBIL SIDELI	VE (O)	Doll 400 Dolla	2. Telas
	Note of Authorized Transporter of Ca.	singhead Gas 💢 🔊 Dry Gas 🗀	Addyes (Give address to which appro-	ved copy of this form is to be sent)
	TIES SERVIC	F ()11. (0)	Dox 69 Hobbs	2. New Mexico
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected? Wh	er.
	give location of tanks.	J 28 7-5 33-E	19E5	6-7-66
	To a land a land and and and and and and and and and	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA	· ·		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	$on = (\Lambda)$	1 1	1
	Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
	Date Spudded	Date Compl. Ready to Prod.		Tubing Depth
	Date Spudded	Date Compl. Ready to Prod.		
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Separate Forms C-104 must be filed for each pool in multiply completed wells.