	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
I.	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Address	OIL Co - E	APERATING D	#1STON
	Reason(s) for filing (Check proper box) New We!l Recompletion Change in Ownership	Change in Transporter of: OII Dry Ga Casinghead Gas Conder		5 67202
	and address of previous owner	N HMERICAN DETR	altum CORY, DUG 6	8, \$1000s, 16.11C.
II.	DESCRIPTION OF WELL AND I Legge Name ARRELL FEDERA Location Unit Letter I ; 198	LEASE Well No. Prov. Name, Including F L 9 CHAVEROO Feet From The SCUTH Lin	SAN ANDRES State, Feder	FRAL 0108997.A
	Line of Section 28 Township 7-5 Range 33-E , NMPM, ROOSEVELT County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA		oved copy of this form is to be sent)
	MOBIL VIPE LI Note of Authorized Engasporter of Cas (17/ES SERVIC) If well produces oil or liquids,	INE CÓ inghead Gas X oppry Gas 5 OIA O Unit Sec. Twp. Ege.	Address (Give address to which appr BUC 69 Is gas acjugily connected?	ins, <u>titas</u> gred obpy of this form is to be sent) to Now Merico her.
	give location of tanks.	2 28 7-5 33-E	I TES	6-7-66
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA OII Well 'Gas Well 'New Well 'Workover 'Deepen 'Plug Back 'Same Res'v.' Diff. Res'v.			
	Designate Type of Completio	n = (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	L		Depth Casing Shoe
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•.			fee seconery of total volume of load of	l and must be equal to or exceed top allow-
v.	TEST 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.)			
	Date First New Oil Run 16 Tanks			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	011 - Bbls.	Water - Bbls.	Gas-MCF
	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
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		BY AL	
	Mo L. Aisenbrey (Signature)		TIPLE	
	Prod. Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	(Title) (1-27-78 (Date)		able 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. Support Forma C-104 must be filed for each pool in multiply	

well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl completed wells.