	DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NATURAL GA		
	OIL	1		The second secon	
	(PANSPOR" ER GAS				
	OPERATOR				
1.	PRORATION OFFICE Operator				
	LEBO CONTY LAUD CO				
	Address		5 5		
	Reason(s) for filing (Check proper box) Other (Please explain)			<u>o</u> .	
	New Well Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership Casinghead Gas Condensate				
	f change of ownership give name				
	and address of previous owner				
IJ.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F	S Police Padagal a	Lease No.	
	Location				
	10.	14 1020 Proping to the second			
	Line of Section To	wnship (Range	, NMPM, LCCA	County	
	DESIGNATION OF THE ANGRODI	TER OF OUT AND NATURAL CA	·		
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approved	l copy of this form is to be sent)	
	1 Brancas Ma	1016-12	Leader Land	Jana Bar	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approved	I copy of this form is to be sent)	
	CAPITAN, LUC	Unit Sec. Twp. Rge.	Is gas actually connected? When	AS, IEXAS	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	\/+5	July . 1966	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA			De la	
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spadded	Date Sompli Manager			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations Depth Cds.ing 5.100				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-	
	OIL WELL able for this depth or de for full 24 hours)				
	Date First New Oil Run To Tanks Date of Test		Producing Method (1 tow, pamp, and says,	1	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pleasure (Bint-In)	0454 . 1055.20 (5225 22)		
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
7 1.	VIII AVIAN VA VVIII MINITO				
	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.		APPROVED , 19		
	,		TITLE		
	A = A		This form is to be filed in compliance with RULE 1104.		
	Monach Karnach		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviction tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for ollowable 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 myllicity completed wall.		
	(Signature)				
	DISTRICT HED JUSTANT (Title)				
	E-10-66				
	(Date)				