	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		NSERVATION COMPLEIN OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supervedes Oid C-104 and C- Effective 1-1-65 AS
1.	I RANSPORTER GAS OPERATOR			
	Change in Ownership	Casinghead Gas 🔀 Condens		
	and address of previous owner			
11.	DESCRIPTION OF WELL AND L Lease Name Federal 24	EASE Well No. Pool Name, Including For 8 Chaveroo San An		Lease No.
	Unit Letter A Feet From The North Line and Feet From The East			
	Line of Section 24 Tow	nship 7S _{Range}	33E , NMPM, R	cosevelt County
III.	Name of Authorized Transporter of Oil		Address (Give address to which appro	
	Name of Authorized Transporter of Casingheod Gas (X) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Cities Service Company Box 300, Tulsa, Oklahoma 74102 If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected?			
	give location of tanks.			
1 V .	If this production is commingled wit COMPLETION DATA		zive commingling order number:	Plug Back Same Resty, Diff. Rest
	Designate Type of Completio		Total Depth	P.B.T.D.
	Date Spuddød		Tep C!!/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
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 alls able for this depth or be for full 24 hours)			
	OIL WELL Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Freesure	Choke Size
	Actual Pred. During Test	011-2518.	Water-Bbls.	Gas-MCF
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Freese Le (Shat-in)	Cosing Pressure (Shut-in)	Choke Size
VI	I. 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.		APPROVED	
			Les Contients	
	(Sian Division Productio	1. Mejen- naiwe) In Manager	TITLE	
	1-36-		Fill out only Sections I, well name or number, or transpo	II. HI, and VI for changes of own riter, or other such change of condit ist be filed for each pool in multi- ist be filed for each pool in multi-