. بعد تدریبهاست OF COPIES ALC	C:VCD		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	SANTA FE		HOR ALLOWABER, C. C.	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND Ansport Qil.Andamarural (GAS
	LAND OFFICE OIL		DAN CA I TA SM OL	
	TRANSPORTER GAS			
	OPERATOR			
I.	PRORATION OFFICE Operator			
	Gen (See	nty Land Com	pane	
	Address	Afor P. O. R.	Pale Shilla a	1. 90 mm
	Reason(s) for filing (Check proper box,	Skall Banes 15	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change In Ownership	Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE		
	Leasy Name	Well No. Pool Name, Including F	State, Federa	
	Location D	7 (4)(2)(4)(2)(-)		7500: 01174-7
	Unit Letter;66	Feet From The 22008 Lin	ne and 1980 Feet From	The 500000
	Line of Section 21 Tov	vnship 7 5 Range	38 , NMPM, B	cencle County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	1S	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
	Policio Carre Duc	y chery lo.	Is gas actually connected?	Derthould, 1924
	If well produces oil or liquids, give location of tanks.	Onit Sec. Twp. Rge. 33 &	· 020	Jan. 1967
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	0
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic		Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforacions			Depth Casing Shoe
	1101 5 5175	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	OAOMO Q 100MO 0122		
\mathbf{v} .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
			Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Cdaing Fiesame	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
	GAS WELL		1511 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gravity of Condensate
	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
			OU CONSERVA	ATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE		- 1	0.2.1063	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED	<u> 20 130 · 19 </u>
		with and that the information given a best of my knowledge and belief.		

TITLE _

This form is to be filed in compliance with RULE 1104.

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

All sections of this form must be filled out completely for allowable 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 mulciply completed wells.