			-			
	ND. OF LOPIES RECEIVED			nd nga nd		
	DISTRIBUTION		DNSERVATION COMMISSION	∞ Form C-104		
-		REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
┝	FILE U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (SAS -		
ł	LAND OFFICE	AUTHORIZATION TO TRAI				
T	TRANSPORTER					
	GAS		÷			
	OPERATOR					
1.	PRORATION OFFICE	A (] ()				
	(INTSN	Dit. Co - OPE	FRING DI	TISTON		
ŀ	Address		1 Fail	172/2		
	217 NORT	H WATER, W	ICHITA, AAN.	SAS 67212		
- 1	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Pledse explain)			
	New Well	Oli Dry Gas	s			
·	Change in Ownership	Casinghead Gas Conden	isate			
L	0	\sim \sim \sim \sim \sim	A second	(197/ ND2		
1	If change of ownership give name and address of previous owner	N MMERICAN LETA	RULEUM CORT, DOX	68, 40BBS, N. 11L.		
			,			
11.	DESCRIPTION OF WELL AND I Desse Name	Well No. Ppei Name, Including Fo	ermation Kind of Leas	e Lease No.		
	DISIEV	4 CHALEROG-	AN ANDRES State, Feder	al or Fee FEE		
	Unit Letter Y; <u>cc</u>	E Feet From The XLTH Line	e and <u>CCC</u> Feet From	The <u>FAST</u>		
		The Bange 3	RE, NMPM, PILOS	55YELT County		
	Line of Section 24 Tow	mship Range	D / INMEM, /LOOL			
	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	S 20			
	Name of Authorized Transporter of Oll	X or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	MOBIL PIPELINE	<u>('0.</u>	Address (Give address to which appro	$A \in / F \vee A \in$		
	Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas 🗔	Adarees (live adaress to which appl	S NEW MEXICO		
	CITIES DERICE	Unit Sec. Twp. Pge.	Is gas actually connected?	S MEW MEATER		
	If well produces oil or liquids,	N 24 7-5 33-E		6-25-66		
	give location of tanks.					
IV.	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.		
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	th that from any other lease or pool, Oil Well Gas Well On - (X)	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.		
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	th that from any other lease or pool, Oil Well Gas Well On - (X)	give commingling order number:			
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	h that from any other lease or pool, Oil Well Gas Well Date Compl. Ready to Prod.	give commingling order number:	P.B.T.D. Tubing Depth		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	h that from any other lease or pool, Oil Well Gas Well Date Compl. Ready to Prod.	give commingling order number:	P.B.T.D.		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.,	h that from any other lease or pool, Oil Well Gas Well Date Compl. Ready to Prod.	give commingling order number:	P.B.T.D. Tubing Depth		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	h that from any other lease or pool, Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	give commingling order number:	P.B.T.D. Tubing Depth		
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IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	h that from any other lease or pool, Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	give commingling order number: New Well Workover Deepen Total Depth Top Oll/Gas Pay D CEMENTING RECORD	P.B.T.D. Tubing Depth Depth Casing Shoe		
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IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE	TUBING, CASING & TUBING SIZE	give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET after recovery of total volume of load of epth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow-		
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IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST FOR	CASING & TUBING SIZE	give commingling order number: New Well Workover Deepen Total Depth Top Otl/Gas Pay D CEMENTING RECORD DEPTH SET J after recovery of total volume of load on epth or be for full 24 hours) Producting Method (Flow, pump, gas	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow- lift, etc.)		
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST FOR	CASING & TUBING SIZE	give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET after recovery of total volume of load of epth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow-		
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M. L.	1	2.6.4
M.L. Alsenbrey	(Signature)	J
Prod. Clerk	(Title)	
1.27.70)	

(Date)

BY	APERVISOR DISTRIC
Thi	s form is to be filed in compliance with RULE 1104. his 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 silow-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. Separate Forms C-104 must be filed for each pool in multiply