Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NATURAL GAS

ON OFFICE

F L R Company

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

(Check proper box) (Please explain)

New Well [ ]
Recompletion [ ]
Change of Ownership [ ]

X

Effective 7/17/75

If change of ownership, give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Pertin 35	1	Chaveroo San Andres	Fee	

Unit Letter B 660 Feet From The North 1980 Feet From The East

Line of Section 35 Township 7 S Range 32 E NMPM Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate (Give address to which approved copy of this form is to be sent)

Navajo Refining Company **North Freeman Ave., Artesia, NM 88210**

Name of Authorized Transporter of Casinghead Gas or Dry Gas (Give address to which approved copy of this form is to be sent)

None

If well produces oil or liquids, give location of tanks. Unit B Sec. 35 Twp. 7S Rge. 32E Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Tubing Depth		
Perforations						Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

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

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.

(Signature)
Agent
(Title)
7/17/75
(Date)

OIL CONSERVATION COMMISSION

JUL 17 1975, 19

Orig. Signed by
John Runyan
Geologist

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

If this form is for allowable for a newly drilled or deepened well, it 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 only Sections I, II, III, and VI for changes of owner, or other transporters, or other changes of condition.