	DISTRIBUTION								
	ANTA FE								
	.s.g.s.				AUTH	4O			
į	AND OFFICE				7011	.0			
	IRANSPORTER	OIL							
		GAS							
	OPERATOR								
,	PRORATION OF	ICE							
•	Operator								
	HOMER J	. КУ	LΕ						
	Address	<del></del>							
	P.O. BO	X 38	7		LOVI	N			
	Reason(s) for filing (	Check p	roper	box)					
	: ew Well				Change	in			
	Recompletion				Oil				
	Change in Ownership	X			Casingl	1ea			
	If change of owners and address of prev				JIKING	0			
	•								
11.	DESCRIPTION OF WELL AND LEASE								
	Lease Name				Well No	`i			
	Federal	19			1	$\perp$			
	Location								
	Unit Letter 0		;	660	)FeetF	tou			

## NEW MEXICO OIL CONSERVATION COMMITSION

Form C-104

	ILE	REQUEST	Supersedes Old C-104 and C-1 Effective 1-1-65						
	.S.G.S.	ANSPORT OIL AND	GAS						
	TRANSPORTER OIL								
	GAS OPERATOR								
1.	PRORATION OFFICE			·					
	Operator HOMER J. KYLE Address								
	P.O. BOX 387	LOVINGTON, N. MEX	88260						
	Reason(s) for filing (Check proper box, : ew Well	Change in Transporter of:	Other (Please explain)						
	Recompletion	Oil X Dry Go	<b>=</b> 1						
	Change in Ownership X	Casinghead Gas Conde	nsate						
	f change of ownership give name VIKING OIL & GAS, INC 1815 E Broadway, Tucson, Ariz 85719 and address of previous owner VIKING OIL & GAS, INC 1815 E Broadway, Tucson, Ariz 85719								
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation	Kind of Leas	e Lease No.				
	Federal 19	(A	der Fee Fed NMO44701						
	Location  Unit Letter 0; 660 Feet From The S Line and 1980 Feet From The E								
	Line of Section 19 Tov	mship 7S Range 33	t , NMPI	1. KOOSEVI	ert County				
III.	DESIGNATION OF TRANSPORT			to which appro-	ved copy of this form is to be sent)				
	Navaio Crude Oil		Box 175, Ar	tesia, I	N. Mex. 88210  ved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Cities Service Oil Co		1						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 2357, Tu	i					
	give location of tanks.  N 19 78 33E yes 0ct 1969  If this production is commingled with that from any other lease or pool, give commingling order number:								
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completion		1	1	1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	Perforations			<u> </u>	Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S		SACKS CEMENT				
W	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volu	me of load oil	i and must be equal to or exceed top allow				
٧.	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)  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)								
	Date Fire: New Oil Mail to Faile	Date 03. 1001							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
	Actual Prod. During Test	Oil-Ebis.	Water-Bbls.		Gas-MCF				
	GAS WELL	It should then	Bbls. Condensate/MMC		Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Buts. Condensate MMC		Gravity of Condensation				
	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.		OIL CONSERVATION COMMISSION APPROVED						
			BY						
			TITLE						
	<i>/</i> ·	This form is to be filed in compliance with RULE 1104.							
	-taczaren (Signa	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 MULE 111.							
Operator  (Title)			All sections of this form must be filled out completely for allow-						
	· •	able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner,							
November 23, 1977 (Date)			well name or number, or transporter or other such change of condition.						