NO. OF COPIES RECEIVED								
DISTRIBUTIO								
SANTA FE								
FILE								
U.S.G.S.								
LAND OFFICE								
IRANSPORTER	OIL							
, MANO ON ER	G A S							
OPERATOR								

SANTA FE					REC	QUEST	FOR ALL	OWABLE	3 4	Su	orm C-104 upersedes Old C	-104 and C-110
U.S.G.S.				AUTUODIZ	471011	TO TO 1	AND	011 1	=		ffective 1-1-65	
LAND OFFICE				AUTHORIZ	AHUN	IUIKA	NSPURI	OIL AND N	IATURAL G	AS		
IRANSPORTER	OIL GAS		\exists									
OPERATOR												
PRORATION OF	ICE						-		····			
Operator I AVTO	N FNT	EDDE	TSE	S, INC,								
Address				t, Lubbock,	Tevas	70/123						
Reason(s) for filing				c, Lubbock,	TCAUS	13763		Other (Please	explain)			
New Well				Change in Tran	sporter of:	;						
Recompletion Change in Ownership	, M			Oil Casinghead Ga	s 📗	Dry Ga Conden		Change E	ffective	Septen	mber 8,	1976
if change of owners and address of prev	ship giv	e nam vner _	e MU	RPHY MINERAL	_S_CORF	PORATI	ON, P.(). Drawer	2164, Ro	swell,	New Mexic	co 88201
DESCRIPTION O	F WEL	L AN	id L	EASE Well No. Pool	Name, Inc	luding Fo	rmation		Kind of Lease		 -	Lease No.
Bluitt Fede	ra1				_			sociated	State, Federal	or Fee	Federal N	M044216
Unit Letter		1	980	Feet From The	Sout!	1 Lin	e and <u>6</u> 6	50	_ Feet From T	he <u>Eas</u> t	t	
Line of Section	13		Town	ship 85	Ra	inge	37E	, ММРМ,	Roc	sevelt		County
DESIGNATION O						RAL GA	,					
Name of Authorized				^	sate		ł				this form is to b	·
Mobil Pipe Name of Authorized	Line Transpor	Comp	Casin	nahead Gas 🔽)	or Dry Gas		P. O.	Box 900	Dallas,	Texas	7522] this form is to b	e sent)
Cities Serv					. 21, 010		i				and, N.M.	ţ
If well produces oil give location of tank		s,	1	Unit Sec.	Twp.	Pge.	Is gas act	ually connecte	d? Whe			
If this production is COMPLETION D.		ngled	with	that from any oth	er lease	or pool,			number:			
		1	:	Oil We	II Gar	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Typ	oe of C	omple		Date Compl. Ready	io Prod		Total Dep	th		P.B.T.D.	1	!
Date Spanded				Date Compt. Heady	0 1 100.		(otal Dep			F.B.T.D.		
Elevations (DF, RKE	3, RT, G	R, etc	ا ز.	Name of Producing	Formation		Top Oll/G	las Pay		Tubing De	pth	
Perforations							L	··· = ······ - ···		Depth Cas	ing Shoe	
				TUBIN	IG. CASII	NG. AND	CEMENT	ING RECORI		<u> </u>		
HOLE	SIZE			CASING & T				DEPTH SE	·····	9	SACKS CEMEN	чт
			\dashv									
			-+				· · · · · · · · · · · · · · · · · · ·		 ,			
TEST DATA ANI	REQ	UEST	FO	R ALLOWABLE						nd must be	equal to or exc	eed top allow-
OIL WELL Date First New Oil F	Run To T	Fanks	- [1	Date of Test	able jo	or this de		r full 24 hours) Method (Flow,		, etc.)		
Length of Test				Tubing Pressure			Casing Pr	essure		Choke Siz	•	
Actual Prod. During	Test	 ~		Oil - Bbls.			Water - Bb			Gas-MCF	-	
OAS WELL												
Actual Prod. Test-N	MCF/D		1	Length of Test			Bbis. Con	densate/MMCF		Gravity of	Condensate	
Testing Method (pito	t, back	pr.)		Tubing Pressure (S	hut-in)		Casing Pr	essure (Shut-	in)	Choke Siz	•	
ORTIFICATE O	F COM	1PI.1/	ANCI	<u> </u>				OIL C	ONSERVA	TION>CC	MMISSION	
							APPEC	VED		13/0	, 19)
nereby certify the commission have to be is true and	een co	mplie	d wit	th and that the ir	nformation	n given	BYBy					
					, n		TITLE		92.7 	an t		
	1		,	01.	—		Th	is form is to	be filed in c	ompliance	with RULE 1	
Worreld to Jaylor					nia11 +3	is form must	be accompan	ied by a t	newly drilled abulation of t	or deepened he deviation		
(Signature) President - Layton Enterprises, Inc.					tests to	ken on the w	ell in accord	iance with it he filled	i RULE 111. i out complete	ly for allow-		
9-17-16					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,							
	9		(Date				well na	me or number	or transport	er, or other	such change	of condition.
								ed wells.	C-104 must	be filed	for each pool	in multiply