terrente de la construction de	The support						
DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form 2+1-4 Supersedes Old (+104 and C+1) Effective 1+1+65				
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
GAS OPERATOR I. PRORATION OFFICE							
PIERCE & DEHLING	ER						
	DG., MIDLAND, TEXAS 7970						
Reason(s) for filing <i>Check proper b</i>	50x)	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·				
Demonstation	Change in Transporter of: Cil XX Dry D Casingheaa Gas Conde						
If change of ownership give name and address of previous owner	2						
II. DESCRIPTION OF WELL AN		ime, Including Formation					
Union Federal		Vada Penn	Hind of Lease State, Federal or Fee Federal				
Locatic:. Unit Letter;;	510 Feet From The South Lin	ne and <u>1980</u> Feet Fro	m The East				
Line of Section 34 , 7	Township 8-S Range	34-E , NMPM, Roc	Sevelt County				
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA		proved copy of this form is to be sent)				
Mabil Pipeline Com		Box 900, Dallas, Te	exas 75221 proved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	Flug Pack Same Resty, Diff. Resty.				
Designate Type of Comple		New well worksver Deepen	Filg Flock - Some Resrv. I III. Nesrv.				
Date Spadded	Date Compl. Ready to Fred.	Total Depth	F.B.T.D.				
Fool	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Fepth Casing Shee				
HOLE SIZE	TUBING, CASING, ANI	D CEMENTING RECORD	SACKS CEMENT				
		· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-				
OIL WELL Date First New Cil Hun To Tanks	able for this de	Ppth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas•MCF				
GAS WELL Actual Frod. Test-MOF/D	Length of Test	Bbls. Condensate/Mil/CF	Gravity of Condensate				
			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure					
A CERTIFICATE OF COMPLIA	NCE	JU	ATION COMMISSION				
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 providence and belief.		Orig. Signed by					
above is true and complete to t	he best of my knowledge and belief.	BY Joe D. Ramey Dist. I, Supv.					
VIII N. L		TITLE					
1 As An C.	Alluger	If this is a request for all	n compliance with RULE 1104. owable for a newly drilled or deepened				
(Sil	gilature)	well, this form must be accom tests taken on the well in acc	panied by a tabulation of the deviation				
1 appropri	2/11/1/1/1/2-	All sections of this form r able on new and recompleted	nust be filled out completely for allow- wells.				
Nelly	Pater	Fill out Sections I, II, I	II, and VI only for changes of owner, orter, or other such change of condition.				
()  ()	,		ist be filed for each pool in multiply				

			-								
Separate	Forms	C-104	must	be	filed	for	each	pool	ın	multiply	
completed well	ls.										