	P.O. 00 SANTA FE, NEV REQUEST FO A AUTHORIZATION TO TRANSF ration Services, Inc., P. O. Box	W MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS	Form G-104 Revised 10-1-78
.esson(s) for filing (Check proper bo New Well Recompletion	 Change in Transporter of: OII XX Dry Ga Castinghead Gas 	porter-date of co shown to have gas	led to authorize gas tran nnection is first month sales in monthly statist
I change of ownership give name nd address of previous owner			
	Well No. Pool Name, Including F 2 Chaveroo San A 560 Feet From The South Lin	ne and <u>1980</u> Feet From	The East
	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent) Americas, Dallas, TX 752(ved copy of this form is to be sent) klahoma 74102
this production is commingled w. OMPLETION DATA	ith that from any other lease or pool,		Plug Back ¹ Same Res ⁴ v. ¹ Diff. Res ⁴ v.
Designate Type of Completi	on – (X)	New Well Workover Deepen	
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
levations (DF, RNB, RT, CR, etc.)	"ame of Producing Formation	Top Oll/Gas Pay	Tubing Depth
erforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
CST DATA AND REQUEST F L WELL de Firet New Oil Bun To Tanks	OR ALLOWABLE (Test must be af able for this de Date of Test	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li)	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
Jual Prod. During Test	Oll - Bbis.	Water-Btle.	Gas-MCF
AS WELL :tual Frad, Tool-MCF/D	Length of Test	Bbls. Condensate/NUMCF	Gravity of Condensate
selling Method (pilot, back pr.)	Tubing Presews (shut-in)	Casing Pressure (Shut-in)	Choke Sise
RTIFICATE OF COMPLIANCE reeby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given ve is true and complete to the beat of my knowledge and belief.		DIL CONSERVATION DIVISION APPROVED <u>AUG - 9 1984</u> , 19 ORIGINAL SIGNET DATENT DATENT BY <u>ORIGINAL SIGNET DATENT</u> DISTRICT I SUPERVISOR TITLE This form is to be filed in compliance with RULE 1104. 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 RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections 1. II, III, and VI for changes of owner,	
عاد الله في المركز عن المركز الذكر الله المركز ال	8/84 Niej	well name or number, or transport	, iii, and vi lor changes of condition. I be filed for each pool in multiply

RECSIVED

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AUG - 8 1984

(1, C. A. Hobys Cance (