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	NO. OF COPIES RECEIVED						
İ	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104		
	SANTA FE				Supersedes Old C-104 and C-116		
	FILE	AND				Effective 1-1-6	5
	U.S.G.S.	AUTHORIZATION	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			5	
	LAND OFFICE						
	IRANSPORTER GAS						
	OPERATOR	-i					
1.	PRORATION OFFICE	<u> </u>					
	Address C.E. LaRue and B.N. Mancy, Jr.						
	P. Aptesia, N.M. 88210						
	Reason(s) for filing (Check proper box	, -		Other (Please e	xplain)		
	New Well	Change in Transporter of	ŗ				
	Recompletion Change in Ownership	Oll Casinghead Gas	Ory Gas Condensate				
	If change c, ownership give name						
	and address of previous owner	John H. Trigg	PO Box 5	320 Roswel	l, NeMe (38201	
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool : ame, :	re uding Formation		(ind of Lease		Lease No.
	Lease Name	well No. 1 del . date, .			itate Federal or	Fee	Lease 110.
	- Paderel Trigg	26 Caprock	Queen			Federa	1_LC062486
	Unit Letter	980 Feet From The Sout	hLine and	560	Feet From The	West	
	Line o: Section To	wnship	Rande	, NMPM,			County
		143		31#B , NMPM,		Chaves	
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATU	RAL GAS Address	5 /Give address to	which approved	copy of this form is t	o be sent)
	T.A.						
	Name of Authorized Transporter of Ca	singhead Gas or Dry G	rs Adales	Give address to	which approved	copy of this form is i	o be sent)
		Unit Sec. wp.	Rae. lis gas s	intially connected	? When		
	If well produces oil or liquids, give location of tanks.						
	If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA		Gas Well - New We	11 Workover	Deepen F	lug Back Same Re	s'v. Diff. Res'v.
	Designate Type of Completi	on $-(X)$		1		1	
	Date Spudded	Date Compl. Ready to Prod.	Total 1)estn	!	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formatic	Top .	J'Gls Pay	·	Tubing Depth	
	Perforations	<u> </u>				Depth Casing Shoe	
			SING, AND CEME			CA CVC CEI	
	HOLE SIZE CASING & TUBING SIZE		SIZE	OEPTH SET		SACKS CEMENT	
							
		<u> </u>					
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 allow able for this depth or be for full 24 hours)						
	OIL WELL Date First New Cil Run To Tanks	Date of Test	· · · · · · · · · · · · · · · · · · ·	ing Method (Flow,	pump, gas lift,	etc.)	
		Tubles Describe	Carina	Pressure		Choke Size	
	Length of Test	Tubing Pressure		, , 900			
	Actual Prod. During Test	Cil-Bbls.	Nater •	Bbls.		Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbis. 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.

Operator Operator

OIL CONSERVATION COMMISSION

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-

REGENED

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OIL COMSESSATION COMM. HUELD, IL M.