NO. OF COPIES RECI	EIVED	İ	
DISTRIBUTIO) N		L
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
HANSPORIER	GAS		
OPERATOR			
		1	

DISTRIBUTION	NEW MEXICO OIL	CONSERVATION CON		rm C-104
SANTA FE	REQUEST	FOR ALLOWABLE AND	Su Su	persedes Old C-104 and C-11 fective 1-1-65
FILE		AND HURBS	OFFICE O. C. C	rective I-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL GÁS	
LAND OFFICE	TO THE REST OF THE	JIN 16	11 51 AM '67	
OIL	 · · 	2011 10	11 51 AM 167	
TRANSPORTER GAS			**	
OPERATOR			· •	
PRORATION OFFICE			<u> </u>	
Operator		_		
Southern I	etroleum Exploration, In-	<u> </u>		
Address	Daniel New Morriso			
	Roswell, New Mexico	Other /Ple	ase explain)	
Reason(s) for filing (Check prope		Omer (1 te	use explain)	
New Well	Change in Transporter of:	<u> </u>		
Recompletion	Oil 🗷 Dry G	as 🔲		
Change in Ownership	Casinghead Gas 🗶 Conde	ensate		
If change of ownership give no and address of previous owner				
	AND LEACE			
. DESCRIPTION OF WELL A	Well No. Pool Name, Including i	Formation	Kind of Lease	Lease No.
State I	l Chaveroo-San	Andres	State, Federal or Fee	State K-2573
Location			<u></u>	
Unit Letter D ; _	660 Feet From The North Li	ine and 660	Feet From The	st
Omt Letter	9 a	77	Chaves	County
Line of Section 4	Township 8-S Range	33-E , NM	IPM,	County
	DODED OF OH AND NATIOAL C	AC		
Name of Authorized Transporter	porter of OIL AND NATURAL G of Oil or Condensate	Address (Give addre	ss to which approved copy of	
Mobil Pipeline Co		Box 900, Da	allas, Texas 75	
Name of Authorized Transporter	of Casinghead Gas 📆 or Dry Gas		ss to which approved copy of	
Cities Service Oi	1 Company	Bartlesvil		003
If well produces oil or liquids,	Unit Sec. Twp. Rge. D 4 8-S 33-1		Septemb	er 1, 1966
give location of tanks.			_ 	
_			-dos number	None
	ed with that from any other lease or pool	, give commingling o	rder number:	None
COMPLETION DATA	Oil Well Gas Well	, give commingling o		
COMPLETION DATA	Oil Well Gas Well			
Designate Type of Com	pletion - (X) Gas Well			k Same Res'v. Diff. Res'v
COMPLETION DATA	Oil Well Gas Well	New Well Workov	er Deepen Plug Bac	k Same Res'v. Diff. Res'v
Designate Type of Com	pletion — (X) Gas Well Date Compl. Ready to Prod.	New Well Workov	er Deepen Plug Bac	k Same Resty. Diff. Resty
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(Signature)	
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District Land Manager

(Title)

June 15, 1967

(Date)

APPROVED	5	, 19
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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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.