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NO. OF COPIES RECEIVED	·		
DISTRIBUTION		DOLL CONSERVATION COMMISSION	Form C-104
SANTA FE	REG	UEST FOR ALLOWABLE	Supersedes Old C-104 and C-110 Ellective 1-1-65
U.S.G.S.		O TRANSPORT OIL AND NATURAL GA	\ C
	AUTHORIZATION I	U TRANSFORT DIE AND NATURAL OF	10
IRANSPORTER OIL			•
GAS			· ·
OPERATOR			-
I. PRORATION OFFICE	Gas Compuny -	······································	
	Atlantic Richfield Comp	pany	
Address P. O. Box 171	0, Hobbs, New Mexico	88240	
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:		1
Recompletion	on	Dry Gas effective: 4-1-7	9
Change in Ownership	Casinghead Gas	Condensate	
If change of ownership give nan and address of previous owner	ne		
I. DESCRIPTION OF WELL A	ND LEASE	-	
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State BF	6	Chaveroo San Hndres	State, Federal or Fee STATE
Unit Lotter G	980 Feet From The North	Line and 1980 Feet From TI	no East
Line of Section 3	, Township XS Ra	NMPM,	Charles County
	ADDED OF ON AND MATIN		
II. DESIGNATION OF TRANSP Name of Authogized Transporter o	t Oil or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
In I. DI A. R		Boy 900 Rollos Ve	10- 75221
Name of Authorized Transporter o	f Casinghad Gas d or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
aties dervice oil	~ ~	P.O. Box 300, Tulsa	
	Unit Sec. Twp.	Rge. Is gas actually connected? When	
If well produces oil or liquids,		1	
give location of tanks.	<u> </u>	33E Ges	1-11-67
If this production is commingled		<u>33E</u> <u>Geo</u> or pool, give commingling order number:	1 = 11 - 6/
If this production is commingled V. COMPLETION DATA	d with that from any other lease c	1	Plug Back Same Res'v. Diff. Res'v.
	d with that from any other lease c	or pool, give commingling order number:	
If this production is commingled V. COMPLETION DATA Designate Type of Compl Date Spudded No Change	d with that from any other lease of the second seco	or pool, give commingling order number:	Plug Back Same Res'v. Dtif. Res'v. P.B.T.D.
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(Signature) District Prod. & Drlg. Supt. (Title)

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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.