	DISTRIBUTION	NEW				
Ī	SANTA FE	NEW				
	FILE					
-	U.S.G.S.	AUTHORIZA				
; +	LAND OFFICE					
1	TRANSPORTER GAS					
	OPERATOR					
. [PROBATION OFFICE					
	Cperator Terra Resources,	Tnc.				
-	Address					
-	309 Bank of Comme					
	New Well	Change in Trans				
	Recompletion V	Oli				
ī	Change in Ownership X	Casinghead Gas				
	If change of ownership give name and accress of previous owner	CRA, Inc.				
	DESCRIPTION OF WELL AND D	LEASE Weil No. Pool N				
	Alexander Federal	l Cat				
	,	Feet From The				
	Line of Section 32 Tov	vnship 85				
	DEMONATION OF TRANSPORT	TER OF OIL AND				
	Name of Authorized Transporter of Oll or Condense Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas or					
	I: well produces oil or liquids,	Company Unit Sec.				
	give location of tanks.	I 32				
	If this production is commingled wit COMPLETION DATA					
	Designate Type of Completion	on - (X)				
	Date Spudded	Date Compl. Ready to				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F				
	Perforations	_L				
		TUBIN				
	HOLE SIZE	CASING & TU				
		<u> </u>				
		!				
	CORRESPONDE AND DECIDENT F	OP ATTOWARTE				

March 1

MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER GAS						
	OPERATOR						
i.	PRORATION OFFICE	<u></u>					
	Cperator Terma Resources Inc						
	Terra Resources, Inc.						
	309 Bank of Commerce, Abilene, Texas 79605 (coson(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion $\overline{\mathbf{y}}$	OII Dry Gas	=				
	Change in Ownership X	Casinghead Gas Condens	sale 🗀				
	If change of ownership give name and address of previous owner	CRA, Inc., 309 Bank	of Commerce, Abilene, T	'exas 79605			
£	DESCRIPTION OF WELL AND	! FASE					
	Lease Name	Well No. Pool Name, Including Fo					
	Alexander Federal	l Cato - San And	res State, Feder	alor Fee Federal 0285577			
	Unit Letter I ; 660 Feet From The E Line and 1980 Feet From The S						
	,, ,, ,, ,, ,, ,, ,, ,						
	Line of Section 32 Tou	wnship 8 Range	30E NMPM, Chave	S County			
MI.	DEMONATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S C C C C C C C C C C C C C C C C C C C				
	Name of Authorized Transporter of Oli 🔀 or Condensate 🗀 Address (Give address to which approved copy of this form is to be sent)						
	MOOIT FIDELINE COMP	Mobil Pipeline Company Dallas Texas Maddees: Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Cities Service Oil	Company Unit Sec. Twp. Rge.	Tulsa, Oklahoma Is gas actually connected? Wi	hen			
	It well produces oil or liquids, give location of tanks.	T 32 85 30E	Yes	June 1969			
	If this production is commingled wi	th that from any other lease or pool,		00000 1/0/			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion						
	Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
			L	David Carlos Share			
	: Perforations :			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
. ,	Carron Dama Arron DECRETE	OD ALLOWADIE (Text over be of	i	l and must be equal to at exceed ton allows			
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 allowable for this depth or be for full 24 hours)						
;	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	uft, etc.)			
	Langth of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water - Bbls.	Ggs-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bores				
	·		<u> </u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	i i i i i i i i i i i i i i i i i i i						
	Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
T /-	CONTRACTOR OF OWNERS AS A CONTRACTOR	L	OIL CONSERV	ATION COMMISSION			
VI	I hereby carrify 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.		\downarrow () $\stackrel{\circ}{\sim}$ $\stackrel{\circ}{\sim}$	1971			
			APPROVED	, 19			
			BY .	XMM &			
			TITLE SUPT OR DIST	RICT /			
	(Signature)			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.				
	Office Mana	itle)	All sections of this form must be filled out completely for allow-				

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