NO. OF COPIES RECI	EIVED	i	
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	FOR ALLOWARIAN.	Supersedes Old C-104 and C-11
REQUEST FOR ALLOWABLE FOR Supersedes Old C-104 and C-1  AND  AUTHORIZATION TO TRANSPORT TO LEAN NATURAL GAS  18 PM 169		
AUTHORIZATION TO TRANSPORTIDILS AND NATURAL GAS		
AUTHORIZATION TO TRA	2 18 Pu so.	5,10
	79.763	
•		
• • • • • • • • • • • • • • • • • • •		
	Other (Please explain)	
Change in Transporter of:		
Oil Dry Go	as	
Casinghead Gas Conde	nsate	
•		
FASE UNDESIGN	Siete-Son And	ves
Well No. Pool Name, Including F	Formation R-3758 Kind of Leas	Lease No.
TOTAL AND A	State, Feder	al or Fee 7.75
Foot Foot The	ne and 1000 Feet From	The
reet riom ineLn	ne did	
nshin Range	, NMPM,	aves County
Tamp (tango		
ED OF OIL AND NATURAL G	AS	
or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	•	
	Address (Give address to which appro	oved copy of this form is to be sent)
inglisted data [ ] of 11, 011		
Turn Rae	Is gas actually connected? W	hen
,	is gas actuary connected?	
n that from any other lease or pool,	give commingling order number:	
		Plug Back   Same Res'v. Diff. Res'v
	New Well Workover Deepen	Plug Bdck Sume Nes V. Dill. Nes V
		P.B.T.D.
<b>-2</b> 0,-0,	77. \$	7.201
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
e4 1 15		4.601
		Depth Casing Shoe
_ 601. T. 1. 641. 65	zi cai y i .	1.037:1
TUBING, CASING, AN	D CEMENTING RECORD	
	DEPTH SET	SACKS CEMENT
	2020	265
	0.7	†
		250
	+ 62 - 24	<u> </u>
	A	l and must be equal to as succeed ton allo
OR ALLOWABLE (Test must be able for this	after recovery of total volume of load of lenth or he for full 24 hours)	t and must be equal to or exceed top attor
	Producing Method (Flow, pump, gas	lift, etc.)
	Cosing Pressure	Choke Size
I inblud blessma	Sasing . 1555	
	Water Bhie	Gas - MCF
0.		
	15	Gravity of Condensate
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Casing Pressure (Shut-in)	Choke Size
Tubing Pressure (Shut-in)	_	<b>U</b>
Tubing Pressure (Shut-in)		
		ATION COMMISSION
Tubing Pressure (Shut-in)	GIL CONSERV	VATION COMMISSION
CE	OIL CONSERV	
cegulations of the Oil Conservation	APPROVED APPROVED	VATION COMMISSION
cegulations of the Oil Conservation	APPROVED APPROVED	VATION COMMISSION  15 1565, 19
CE	APPROVED APPROVED	VATION COMMISSION
	Change in Transporter of: Oil Dry G Casinghead Gas Conde  EASE  Well No. Pool Name, Including F  Feet From The Li  nship Range  ER OF OIL AND NATURAL G  or Condensate D  TATATON  Inghead Gas or Dry Gas D  Unit Sec. Twp. Rge.  h that from any other lease or pool  n — (X)  Date Compl. Ready to Prod.  TUBING, CASING, AN  CASING & TUBING SIZE  -5/3  4-3	Change in Transporter of: Oil Castinghead Gas Condensate    Dry Gas   Condensate   Condensate

Carlene Leonard
(Title)
spril 15, 1 %

(Date)

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.

