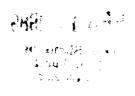
	NO. OF COPIES RECEIVED					
	DISTRIBUTIO	N				
	SANTA FE					
	FILE					
	U.\$.G.5.					
LAND OFFICE						
ı	TRANSPORTER	OIL				
HAMSFORTER	GAS					
OPERATOR						
PRORATION OFFICE						
Operator						
	Bristol Resources					
3601 E. 51st, Suit						
	Reason(s) for filing (Check proper box)					
New We!I						
	Recompletion					
	Change in Ownership X					

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
	FILE		AND					
	U.\$.G.\$.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	S				
	LAND OFFICE							
	TRANSPORTER OIL							
i	GAS							
	OPERATOR			U (j				
I.	PRORATION OFFICE Operator							
	Bristol Resources	Corporation		2 ×6/0				
				OIL MADE				
	3601 E. 51st, Suit	e B, Tulsa, OK 74135						
	Reason(s) for filing (Check proper bax)		Other (Please explain)	707 3				
	New Well	Change in Transporter of:		. 3				
	Recompletion	Oil Dry Gas						
	Change in Ownership X	Casinghead Gas Condens	sate					
	If the season of automobile give name			0000 II I TV				
	If change of ownership give name and address of previous owner	nion Pacific Resources C	ompany, 1000 Louisiana,	Suite 3000, Houston, IX.				
				77002				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.				
	State "6"	12 Chaveroo (Sa		crF. State NM K-2779				
		12 6114 461 66 (54.						
	Location T 23	10 Feet From The South Line	and 330 Feet From Th	_ East				
	Unit Letter;;	Feet From The	and Feet from 1					
	6 Tow	mahin 8-5 Range	33-E , NMPM, Chav	es County				
	Line of Section Tow	viship 0-3 Range	7					
	TOTAL ATTOM OF THANCHORD	TED OF OU AND NATURAL GAS	s					
Ш.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)				
	Mobil Pipeline	_	1					
	None of Authorized Transporter of Cas	linghead Gas X or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)				
	Cities Service Company		Box 300, Tulsa, Oklaho	ma 74102				
		Unit Sec. Twp. Pge.	Is gas actually connected? When					
	If well produces oil or liquids, give location of tanks.	F 6 8-S 33-E	Yes	1-10-77				
	1 '	the that from any other lease or pool.	give commingling order number:					
ıv	COMPLETION DATA	If this production is commingled with that from any other lease or pool, give commingling order number:						
1 .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completion	on — (A)	1	0.000				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
				Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptil				
				Depth Casing Shoe				
	Perforations			Sopril Carrier				
			CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	BEF 111 3C1					
		OD AT TOMADIE (Tout bed	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-				
V	TEST DATA AND REQUEST F	or ALLOWABLE (less must be a able for this de	pth or be for full 24 hours?					
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)				
	Date First New Cir Itali 10 1 1111		N					
	Length of Test •	Tubing Pressure	Casing Pressure	Choke Size				
	Cenden of 1 eac.							
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas - MCF				
	Actual From Carrier							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
171	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION				
٧ı	CERTIFICATE OF COMPENS	.02	FER	1 0 1989				
	e a company and the she sules and	regulations of the Oil Conservation	AFFROVED ====================================					
	Commission have been complied	with and that the information given	1) (1996 7	Signed by				
	above is true and complete to th	best of my knowledge and belief.	Pat	il Kautz				
			TITLEG	eologist				
	•	<u>V</u>	This form is to be filed in	compliance with RULE 1104.				
	Luc Ount	·//	11	The second of the company of the company				
	me pupe	(dive)	well, this form must be accompa- tests taken on the well in acco					
	ane pibies t	/						
	Adminis	trative Manager	All sections of this form must be filled out completely for allow able on new and recompleted wells.					

All sections of this form must be filled out completely for allow able 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 multiple completed wells.



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