ļ	D: 717 : 710-			Form C-104
	SANTA FE	REQUEST I	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	-	NSPORT OIL AND NATURAL GA	45
	LAND OFFICE	EFFective	2 5-1-88	
	IRANSPORTER GAS		-	
1.	OPERATOR PRORATION OFFICE			
	TFG ENTERPRISES			
	P.O. Box 100	ARTESIA, New	Mexico 882,10 Other (Please explain)	-
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry Ga		·
	Change in Ownership X	Casinghead Gas Conden		
	If change of ownership give name and address of previous owner	XXON COMPANY L	SA P.O. Box 1600, 1	Midland, Texas 79702
П.	DESCRIPTION OF WELL AND 1	LEASE	armation 1 Kind of Lease	1_ease No.
	Lease Name	4 3 Tom Tom	Cite - SA State, Foderal	N M
	Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The ULEST			
	Unit Letter;;	SO Feet From The <u>/VORTH</u> Line		
	Line of Section 6 Tow	mship S Range	3/E, NMPM, CA	AVES County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS           Naire of Authorized Transporter of Oil Son Condensate         Address (Give address to which approved copy of this form is to be sent)			
	NAMETO REFINI	NA COMPANY	Box 159, ARTESIA.	NEW MEYICO 88210
	Name of Authorized Transporter of CasingKead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids,			
	give location of tanks. TEST TANK & 6 85 3/E NO If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well		Flug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completic			
	Date Spudded	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	
	Periorations Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		i 	· · · · · · · · · · · · · · · · · · ·	
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 allow able for this depth or be for full 24 hours)			
			Producing Method (Flow, pump, gas lift	;, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water - Bbir.	Gas-MCF
	Actual Prod. During Test			 
	GAS VELL Actual Frod. Test-MOF/D	Length of Test	Ebiz. Condensate/MMOF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ebui-in)	Choke Size
1/1	CERTIFICATE OF COMPLIAN	се СЕ	OIL CONSERVA	TION COMMISSION
•••	I hereby certify 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.		APPROVED	19 R 2 1 1999 15
			This form is to be filed in c	compliance with RULE 1104.
	X.n. + l	tchen	If this is a request for allow	able for a newly drilled or deepener nied by a tabulation of the deviation
	$\frac{(Signature)}{PAr + NCr}$ $(Title)$ $\frac{4 - 19 - 88}{(Usie)}$		tests taken on the wall in accomance with ROLE TH. 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 Formit C-164 must be filed for each poor in month.	

