AF COPIES RECEIVED	- ,		
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		
ANTA FE			Form C-104 Supersedes Old C-104 and C-11
FILE			Effective 1-1-65
U.S.G.S.	ALITHOPIZATION TO		
LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	
OIL		·	176 8 - Eg
TRANSPORTER GAS			G \$
OPERATOR			3. S. T.
PRORATION OFFICE			
Operator			<u> </u>
Dosnbuy Les	ee & Co. Inc.		*
Address			gent :
250 No. Cany	on Drive Beverly Hill	ls, Calif.	46
Reason(s) for filing (Check proper be		Other (Please explain)	ක ි
New Well	Charge in Transporter of:		_
Recompletion	0:1	ory Gus	
Change in Ownership	in the second se	Condensate	
If change of ownership give name	Ben Novak Tuls	a, Okla.	
and address of previous owner	Den Novak 1018	a, Obla.	
DESCRIPTION OF WELL AND		ol Name, Including Formation	Kind of Lease
Atlantic State	2 B-9641 3	Saunders	State, Federal or Fee State
Location Unit Letter • 1 / 6	60 Feet From The	Line and Feet From	R
Only Better		Line and Feet From	Lea Lea
Line of Section 27 T	ownship 148 Range	, NOPM,	County
Service P.L. Name of Authorized Transporter of Company of Authorized Transporter of Company of Petro,	noes beline asinghead Gas or Dry Gas	Address (Give address to which approach Address (Give address to which appro Tulsa, Okla.	,, ,
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	e. Is gas actually connected? WF	en
If this production is commingled v COMPLETION DATA	with that from any other lease or p	oool, give commingling order number:	
Designate Type of Complet	ion - (X)	ell New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Freducing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
			<u> </u>
	TUBING, CASING,	AND CEMENTING RECORD	-
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	·		
	<u>:</u>		
			<u> </u>
TEST DATA AND REQUEST		be after recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL		ils depth or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bols.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Casing Pressure

Agent July 15, 1966

(Date)

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.

Tubing Pressure

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Doanbuy Lease & Co. Inc.

OIL CONSERVATION COMMISSION

Choke Size

APPROVED __ BY____ TITLE _

This form is to be filed in 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.

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.