1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Kaneb Energy Company Address 400 Wilco Building Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	REQUEST F AUTHORIZATION: FOR RAN OCT 25 1935 O. C. D. ACTESIA, OFFICE		r name from Kaneb	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND L Legge Name State 34 Location Unit Letter N : 660	Well No. Pool Name, Including Fo	State, Federal		
	Line of Section 34 Town	nship 14-S Range 3	32-E , NMPM, Lea	County	
m.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil The Permian Corporat	or Condensate	S Address (Give address to which approve P. O. Box 1183 Houston, Address (Give address to which approve		
	The Permian Corporat Name of Authorized Transporter of Cast Warren Petroleum Com		Address (Give address to which approve P. O. Box 1589 Tulsa, C	<u> </u>	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	n	
	give location of tanks. N 34 145 32E Yes May 17, 1978 If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completion	n = (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		
	Perforations	Perforations Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TODING SIZE			
•	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be at	fter recovery of total volume of load oil a	ind must be equal to or exceed top allow-	
ν.	OII. WELL. Date First New Cil Run To Tanks	able for this de	able for this depth or be for full 24 hours)		
			Casing Pressure	Choke Size	
	Length of Teet	Tubing Pressure		Gas-MCF	
	Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gds-MCr	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
1 /1	CERTIFICATE OF COMPLIANCE	L CE	OIL CONSERVA	TION COMMISSION	
**	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED FEB 1 2 1986		
			DOLCHEN SKENED BY JERRY SEXTON		
			TITLE		
	L. s. A. L	Lu di America		This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened	
	Division Production Manager (Title) October 23, 1985 (Date)		If this is a request for silowanter to sellow the deviation 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 filled for each pool in multiply		

RECEIVED

OCT 28 1985

COO.