NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMIS	B
SANTA FE		CONSERVATION COMMISS.UN	Form C-104 Supersedes Old C-104 and C-1.
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TRANSPORTER OIL GAS	-		(
OPERATOR			
PRORATION OFFICE			
Operator			
Ryder	Scott Management Compan	y.	
Address			
922 - 8	th Street, Wichita Falls.	Texas 76301	
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:	l	er Green Bay Co.'s
Recompletion X	Oil Dry Go	s ∐ Mitchell ''A'' Lea	se, Well #3, P & A
Change in Ownership	Casinghead Gas Conde	nsate 1942	
If the second consequence is a second		***************************************	
If change of ownership give name and address of previous owner	CHANGE		
		1	
. DESCRIPTION OF WELL AN	ID LEASE SAL		
Lease Name	Well-No. Pool Name, Including F	.v ±	Fed. Lease No.
Mitchell	3 Maljamar	State, Federal or	Fee LC 061434
Location			
Unit Letter A	50 Feet From The N Lin	ne and 690 Feet From The	E
_			_
Line of Section 7	Township 17S Range	32E , NMPM,	Lea County
. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	As	conv of this form is to be sent)
Name of Authorized Transporter of	Oil 🔀 or Condensate 🗌	Address (Give address to which approved	
Name of Authorized Transporter of Continental Oil Cor	Oil X or Condensate	Address (Give address to which approved Drawer 1267, Ponca Cit	y, Oklahoma 74602
Name of Authorized Transporter of	Oil X or Condensate	Address (Give address to which approved	y, Oklahoma 74602
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Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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.

Agent

(Title) February 22, 1967 (Date)

OIL CONSERVATION COMMISSION

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27.33		

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.