OF COPIES RECEIVED	r"		
DISTRIBUTION		OIL CONSERVATION COMMISSIO	Form C-104
SANTA FE	REQU	AND	Supersedes Old C-104 and C-
FILE			
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	GAS
LAND OFFICE		Oun J 1103 1	1264
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Operator Constrant to Oir	Conjean,		
Add.ess			
Reuson(s) for filing (Check proper	10. 27. 201. G1 E8	Other (Please explain)	
New Well	Change in Transporter of:		N PLACED IN THE POOL
Recompletion	· · ·		. IF YOU DO NOT CONCUR
Change in Ownership		Condensate	•

If change of ownership give nan and address of previous owner_			
. DESCRIPTION OF WELL A			,
Lease Name	Well No. Pool Name, Include N-3432 March	AL AL	ral or Fee Floring 029509
Location		Sagand Ed Contra	02/30/
Unit Letter F ;	7.30 Feet From The 21.52	Line and 1780 Feet From	n The 20 kg 2
Line of Section	Township 17-5 Range	32-E, NMPM, Le	
Line of Section C.	rowaship / S Runga	C C C , MINIPAR, CC	County
. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURA	L GAS	
Name of Authorized Transporter of			roved copy of this form is to be sent)
'Name of Authorized Transporter of	f Casinghead Gas 📄 🛛 or Dry Gas 🏆	Address (Give address to which appr	oved copy of this form is to be sent)
malinan Maco	ing. Plant NO. 60	Box 1206. Enclin-	man. M. M.C.
If well produces oil or liquids,	Unit Sec. Twp. Fg	e. s gas actually connected?	hen
T I WELL FLOUDCES OIL OF HUULDS,			
give location of tanks.		ejes	5-15-69
give location of tanks. If this production is commingled		pool, give commingling order number:	
give location of tanks. If this production is commingled COMPLETION DATA	l with that from any other lease or point well Gas W		5-15-69
give location of tanks. If this production is commingled	l with that from any other lease or point well Gas W		5-15-69
give location of tanks. If this production is commingled COMPLETION DATA Designate Type of Compl	l with that from any other lease or point well Gas W		5-15-69
give location of tanks. If this production is commingled COMPLETION DATA	I with that from any other lease or period of the second s	ell New Well Workover Deepen	5-15-69 Plug Back Same Res'v. Diff. Res' P.B.T.D.
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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.

(E. jnatur (R. A. (Tille) - 69 (Date) adra Asti 5-29-

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QIL CONSERV	VATION COMMISSION
APPROVED	19 1970 19
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Tel V	
TITLE	······································

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despend 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 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 multiply completed wells.