1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOM PRORATION OFFICE Operator Natomas North America Address I West Third Street, Respon(s) for Hing (Check proper box) New Well Recompletion Change in Guership	REQUEST F AUTHORIZATION TO TRAM , Inc. Suite 900 - Tulsa, Okla	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-114 Etiective 1-1-65 S
	If change - ownership give name and address of previous owner			
	DESCRIPTION OF WELL AND LEASE			
	Maljamar N. Unit	Well No. Pool Name, Including Fo 2 West Kemnitz-Lo	Suma Endand)	E: Fee State G5489
Unit Letter K : 1988 Feet From The West Line and 1780 Feet From The South				•South
	Line of Section 31 Tow	mship 16S Range	33E , NMPM, Lea	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	d copy of this form is to be sent;
	Name of Authorized Transporter of Oll Charter Crude Oil Com	pany	P.O. Box 5008, Houston,	Texas 77012
	Name of Authorized Transporter of Casinghead Gas 🛣 🛛 or Dry Gas 🦲		Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Oklahoma	
	If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected? When	
	give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	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
				Depth Casing Shoe
	Perforations			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
			f and all a	nd must be equal to or exceed top allow-
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) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Prow, party, god of)	
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas • MCF
	GAS HELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE		NUV 15 1982 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.			
			TITLEOIL & GAS INSPECTOR	
	(Signature)		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.	
	Operations Administrator 11-05-82		All sections of this form mul	st be filled out completely for allow