DONEM MENTO STATES	1. –				
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		REQUEST FO	R ALLOHABLE		
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otherge of remenance give name ad address of previous owner				······································	
. DESCRIPTION GEWELL A	ND IFASE	- Four Here, Inc. waine i	Struction P	(ind of Lease	Lecas No.
- East Eument Unit	9	E-mont Varea 7	-Rivers Queen S	State, Federal or Fee	State E-8569
_ocation	560 Fail F	on The South L	1650	Feel From The	East
33		185 Ponce	37E , NMPM,	Lea	County
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II. DESIGNATION OF TRAN	SPORIER OF	OIL AND NATURA Concensors	I GAS Accient (Give occiest to	which approved copy c	of this form is to be sentj
Texas New Mexico Pipel	line C o.(00	55-1951)	PO Box 2528, Ho	bbs, New Mexic	o 88240
Name of Authorized Transporter of None	Cosingtead GosX	or Dry Gas	Address (Cive address to	which approved copy c	of this form is to be sentj
If well produces oil or liquide, give location of tanks.	Unit S. M 3	к. Ттр. Re. 195 37E	Is gas octually connected NO	d7 , When ا	
[this production is commingled	with that from a	any other lease or pool	, give commingling order	number:	·
NOTE: Complete Parts IV an					an a
7. CERTIFICATE OF COMPL				IVISION	
hereby certify that the rules and regu- seen complied with and that the inform	ilations of the Oil i nation given is true	Conservation Division have and complete to the best o	i ()	IGINAL SIGNED BY	19
ny knowledge and belief.			TITLE	DISTRICT I SUPE	
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Hobbs Area Superinten	dent (Tille)	397-3571	tests taken on the w All sections of able on new and rec	this form must be fil	ith RULE 111. led out completely for allow-
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well name or number, or transporten or other such change of condition-Separate Forms C-104 must be filed for each pool in multiply completed wells.