NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u>i                                     </u>	!
OPERATOR			
PRORATION OFFICE			

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<u> </u>	DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110				
+	SANTA FE		OR ALLOWABLE	Effective 1-1-65				
1	FILE		AND ISPORT OIL AND NATURAL GA	45				
Ļ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	13				
ŀ	LAND OFFICE							
	TRANSPORTER GAS							
Ī	OPERATOR							
1.	PRORATION OFFICE							
	Operator	TO THE SUBULATION THA						
		ELD SERVICES INC.						
ſ	Address	oppe at M						
		OBBS, N.M.	Other (Please explain)					
	Reason(s) for filing (Check proper box)	Change in Transporter of:	S					
	New Well	· —						
İ	Recompletion	Oil Dry Gas  Casinghead Gas Condens	ate = 5 WD					
	Change in Ownership	Cdanighed Gda Condens						
:	If change of ownership give name	MARCUM DRILLING COMPANY	MIDLAND, TEXAS					
•	and address of previous owner							
11.	DESCRIPTION OF WELL AND I	EASE	emation Kind of Lease	Lease No.				
}	Lease Name	Well No.: Pool Name, Including For		cr Fee STATE A-1469-Z				
	HOBBS STATE	3 HOBBS - LOWER	SAN ANDRES State, I edelar	JIEL R-1407-L				
	Location 990	NORTH	1830 Foot From T	EAST				
	Unit Letter;	Feet From TheLine	and Feet From T	he				
	20	L_ 18S Range	38E , NMPM, LEA	County				
	Line of Section 29 Tow	mship 105 Range	, NMFM, ZDR	,				
•		OF OUT ASID STATEMAY CAS						
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	Name of Authorized Transporter of Oil							
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)				
	Name of Authorized Transporter of Cas							
		Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n				
	If well produces oil or liquids,	- I - I - I - I - I - I - I - I - I - I	1					
	give location of tanks.		rive commingling order number:					
	If this production is commingled wit	h that from any other lease or pool, g						
1 V .	COMPLETION DATA	OII WEII GGS WOII	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.				
	Designate Type of Completio	$\operatorname{on} = (X)$	1	D.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
			0 0 1 (O F)	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Labing Depth				
				Depth Casing Shoe				
	Perforations			-				
			CEMENTING DECORD					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEFIRSE					
			<u> </u>					
	<u></u>	A TANAN TANA	feer recovery of total volume of load oil	and must be equal to or exceed top allow-				
V.	TEST DATA AND REQUEST F	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 allowable for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)				
	Date Lugi Men Off Harri to Lamb							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Editor 100		i					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF				
	,							
	<u> </u>							
	GAS WELL		· · · · · · · · · · · · · · · · · · ·	Committee of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
			4-3-4-3	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHOKE SIZE				
<b>T</b> /F	. CERTIFICATE OF COMPLIAN	ATION COMMISSION						
of the Oil Conservation			300 1971					
			APPROVED TO	7				
			BY MISTRICT I					
	above is true and complete to th	e best of my knowledge and belief.						
	Λ	_	TITLE					

Manage	
HIMMANIALLE Prosident	
8-25 (Tiple) 7/	

CThis 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 silow-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

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OIL CHISEDVATION COMM.