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SANTA FE		_	
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	NO. OF COPIES RECEIVED					
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			CONSERVATION COM	AISSION	Form C-104	
	SANTA FE	REQUES	FOR ALLOWABLE		Supersedes Old	l C-19. C-11
	FILE		AND		Eilective - -6	5
	U.S.G.S.	AUTHODIZATION TO TO	• -		. ~	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GA	12	
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	[RANSPORTER OIL	<u></u>				
	GAS					
	OPERATOR	 				
		-				
1.	PRORATION OFFICE					
	Operator					
	Colter Operat	ing. Inc.				
	Address					
	Day XOJO	7970	/		i	
	3618 W. Shand		3			
	Reason(s) for filing (Check proper t	ox)	Other (Pleas	e explain)		
	New Well	Change in Transporter of:				
			. (-)			
	Recompletion	CII Dry C				
	Change in Ownership XX	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner	Ammex Petroleum, Inc.	Box 10507	Midland.	TX 79702	
II.	DESCRIPTION OF WELL AN	D LEASE				
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease		Lease No.
	Wasa Chara	1 II D	0	State, Federal o	rFee State	L-5467
	Mesa State	West Reeves	Queen, Gas		· · · · · · · · · · · · · · · · · · ·	J
						•
	Unit Letter F ;	1980 Feet From The <u>north</u> L	ine and <u>1980</u>	Feet From The	- west	
	Line of Service 20	ownship 185 Range	35E , NMPM	. Lea		County
-	Line of Section 20	TOD Lands) IL , IAMEN	, 204		County
						•
Ш.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G				· ·
	Name of Authorized Transporter of	or Condensate	Address (Give address	to which approved	copy of this form is to	be-sent)
			1			
-	Name of Authorized Transporter of	Casinghead Gas or Dry Gas 🟋	Address (Give address	to which approved	come of this form is to	he senti
	Name of Authorized Transporter of	de Dry Gds X	Address (Nive daniess	to water approved	topy of this form is in	, ve 34,
	Llano, Inc.		! Box 1320	Hobbs,	NM 88240	Į
		Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When	· · · · · · · · · · · · · · · · · · ·	
	If well produces oil or liquids, give location of tanks.			į	2/10/82	
	dive location of tanks.	<u> </u>	<u>yes</u>		2/10/82	
	If this production is commingled	with that from any other lease or pool	, give commingling order	r number:		
	COMPLETION DATA	•				
IV.						
IV.		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.
IV.	Designate Type of Comple		New Weil Workover	Deepen F	Plug Back Same Res	v. Diff. Restv.
IV.	Designate Type of Comple	tion – (X)	1	1 1	1	v. Diff. Restv.
IV.			New Weil Workover	1 1	Plug Back Same Res	v. Diff. Restv.
IV.	Designate Type of Comple	tion – (X)	1	1 1	1	v. Diff. Restv.
IV.	Designate Type of Comple	Date Compl. Ready to Prod.	1		1	v. Diff. Restv.
IV.	Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	v. Diff. Restv.
IV.	Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.	v. Diff. Restv.
IV.	Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.	v. Diff. Restv.
IV.	Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.	v. Diff. Restv.
IV.	Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oll/Gas Pay		P.B.T.D.	v. Diff. Res'v.
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Lite de man	·	
Agent (Signature)		
(Title)		
12/27/83		_

(Date)

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 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.

RECEIVED

JAN 5 11984

O.C.D.