No. of TES MECELYEU	i e			
DISTRIBUTION	1			
SANTA FE		DIL CONSERVATION COMMIS	SSIO	Form (0+) 64
FILE	7.790	EST 109 ALLOWABLE		Superseder Old C-104 and C- Ettective 1-1-hin
U.\$.G.\$.	ALITUODITATION IN	AND		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LAND OFFICE	AUTHURIZATION II.	TRANSFORT OIL AND N	ATURAL GAS	
Oiu 1				
TRANSPORTER GAS				
OPERATOR				
PROBATION OFFICE				
Operator				
C. E. LaRue and B.	N. Muncy Jr.			
Resoult Box 196 Artes	ia, New Mexico 88210	Other (Please		
New Well	Change in "transporter of,	Orner pricess	expiain)	
Recompletion	OH	5 Ga		
Change in Ownership	Casinghed Gos (inder site		
If change of ownership give na and address of previous owner		Company Houston, T	exas	
I. DESCRIPTION OF WELL A		to Formation	Cind of Lease	
fearsall Queen Sand	onit			Lease No.
Tr 4	2 Pearsal	1 Queen	State, Federal or Fee	Federal LC063345
Unit Letter C	660 Feet From Dis North	_ Larz 152	Feet From The	est
Line of Section	Township 185 Rhazi	32E , NMPM,	i_aa	County
If well produces oil or liquids, give location of tanks.	Shit Ser, S. S. Ser	Siness (Give address to		(; tats ; mm tv 10 be vent)
	d with that from any other lease or o	non: sive commingling order		
COMPLETION DATA		oont give commingling order	number:	rack Same Resty, Diff. Rest
Designate Type of Comp	Oil 4e Gas W		number:	таск — Same Resty. Diff, Rest
	Oil 4e Gas W		number:	
Designate Type of Comp	Oli Well Gas William - (X) Date Compl. Ready to Fred.	el) New Well Workover	Deepen Flud	
Designate Type of Comp	Oli Well Gas William - (X) Date Compl. Ready to Fred.	ell New Well Workover Conti Depth	Deepen Fluc 3	
Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex	Date Compl. Ready to Frod. to. Name of Producing Formation	et. New Well Workover Conti Zepth Ton Cal/Bas Pay	Deepen Fluc Fluc Fluc Fluc Fluc Fluc Fluc Fluc	; Deprit
Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex	Date Compl. Ready to Frod. to. Name of Producing Formation	Conti Depth Too Cal/Gas Pay AND CEMENTING RECORD	Deepen Fluc 1 7.3.7 Tusir Deptr	; Deprit
Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, experience) Perforations	Date Compl. Ready to Frod. to. Name of Producing Formation TUBING, CASING,	Conti Depth Too Cal/Gas Pay AND CEMENTING RECORD	Deepen Fluc 1 7.3.7 Tusir Deptr	Casing Shoe
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Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex) Perforations HOLE SIZE . TEST DATA AND REQUES OIL, WELL Date First New Cil Run To Tanks Length of Test	Date Compl. Ready to Food. TUBING, CASING, CASING & TUBING SIZE T FOR ALLOWABLE (Test must able for standard)	Total Depth Total Carrons Poy AND CEMENTING RECORD DEPTH SE be after recovery of total volum his death or be for full 24 hours) Producing Method (Flow,	Deepen Fluc 3 7.3.7 Tunin Depth e of load oil and must pump, gas lift, etc.)	Casing Shoe SACKS CEMENT De agual to an exceed top allow
Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex) Perforations HOLE SIZE . TEST DATA AND REQUES OIL WELL Date First New Cil Run To Tanks	Date Compl. Ready to Fize. TUBING, CASING, CASING & TUBING SIZE TFOR ALLOWABLE (Test must able for its Date of Test Tubing Pressure	Casing Pressure	Deepen Fluc 7.3.7 Tusin Depth e of load oil and must pump, gas lift, etc.)	Casing Shoe SACKS CEMENT De agual to an exceed top allow
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VI. CERTIFICATE OF COMPLIANCE

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.

Operator (Title)

(Date)

January 1, 1973

OIL CONSERVATION COMMISSION

 $O_{r_{ij}}$ APPROVED_ Joe D. Ramey BY_ Dist. I, Supv. TITLE

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 MULE 111.

All sections of this form must be filled out completely for allowable 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.