NO. OF COPIES RECEIVED	1						
DISTRIBUTION SANTA FE	1	CONSERVATION COMMISS .1	Form C-104 Supersedes Old C-104 and C-1.				
	REQUES	T FOR ALLOWABLE	Effective 1-1-65				
FILE		AND					
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS )				
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR	— <u>1</u>						
PRORATION OFFICE							
Operator							
Secrete wil	and parti						
Address () Gos I	। উঠা - মিলেলত জন্ম নিয়ম কের						
Reason(s) for filing (Check proper b		Other (Please explain)					
New Well							
Recompletion							
Change in Ownership							
Change in Ownership	Custinited das cent	Constitution of the consti					
If change of ownership give name and address of previous owner	Signal And Compa	ay, Hobbs, New Mexico -					
·	Formerly M. E. Ca						
. DESCRIPTION OF WELL AN	D LEASE	<b>"</b>	ase Lease No.				
Lease Name	Well No. Pool Name, Including						
Location To describe	70	State, Fede	Fee				
	Foot From The County '	ine and <b>614</b> Feet Fro.	m The <b>Wort</b>				
Unit Letter 🔭 ; 🏍	Teet Tom the South						
Line of Section	Township 178 Range	37E , NMPM,	County				
DESCRIPTION OF STRANSBO	nmen of our AND NATIONAL	146					
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL O	Address (Give address to which app	roved copy of this form is to be sent)				
This has bee there by							
Name of Authorized Transporter of		Address Give address to which app	proved copy of this form is to be sent)				
Garage of Astronomical Transporter of	011g., 011	A F Sec. 10 a page					
	Unit Sec. Twp. Rge.		When				
If well produces oil or liquids, give location of tanks.	K 6 178 37R						
If this production is commingled	with that from any other lease or poo	1, give commingling order number:	·				
. COMPLETION DATA			Flug Back   Same Resty.   Diff. Resty				
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Flug Back   Same Resty. Diff. Resty				
Designate Type of Comple			F.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.				
			Tubing Depth				
Elevations (D.F., RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	rabing Depth				
			Depth Casing Shoe				
Perforations			Lopin dabing the				
	TUBING, CASING, A	ND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o	oil and must be equal to or exceed top allo				
OIL WELL	able for this	depth or te for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tiji, etc.)				
			Choke Size				
Length of Test	Tubing Pressure	Casing Pressure	Citore Size				
		Water-Bble.	Gas - MCF				
Actual Prod. During Test	Oil-Bhls.	udiei - Dhiei					
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
1							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	VATION COMMISSION				
I. CERTIFICATE OF COMPLIANCE							

Commission	have been complied with and that the information ge and complete to the best of my knowledge and be	given
above is true	and complete to the seat of my knowledge and se	
•		
	(Signature)	

(Title)

(Date)

PPROVED	 		, 19
3Y	france	<del></del>	
	 	51 2	

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 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.