ſ	NO. OF COPIES RECEIVED		
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	SANTA FE		
	FILE		
	U.S.G.S.		
	LAND OFFICE		
	TRANSPORTER -		
	GAS		
	OPERATOR		
	PRORATION OFFICE		
	Operator Control of the state o	. 12.1	i.
	Address E. O.	935	73
	Reason(s) for filing (Check p	roper	box
	New Well		
	Recompletion		
	1		

,	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE						Sup	Form C-104 Supersedes Old C-104 and C-110			
	FILE				AND	-		ective 1-1-65				
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
	LAND OFFICE						-					
	TRANSPORTER GAS											
	OPERATOR											
I.	PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·									
	Operator Control of the Control of t											
	Address											
	P. O. 1 dat 739	* 14.35b	:, Mass 12	r:60								
Reason(s) for filing (Check proper box)  Other (Please explain)  Change in Transporter of:									ravtona S	adáca		
	New Well									12 C 1 2 C 1 4		
	Change in Ownership	_	head Gas	Conden	<b>=</b>							
	and address of previous owner											
11	DESCRIPTION OF WELL AND I	EASE			•	Caylor	No. 8					
	Lease Name	ease Name Well No. Pool Name, Including F					(ind of Lease		Lease No.			
	Leviegton Paldoc' Uni	- 54	13(49) [ 4	\$55.4.5.441	80 €		State, Federal	Te				
	Location.			- 7.4-			Feet From T	'ha				
	Unit Letter : 1650	Feet F	rom The	th Lin	- unu <b>66</b> (	)———	_ 1 000 1 10111 1	248	-			
	Line of Section Tow	nship 17	\$	Range	7K	, NMPM,		<u></u> 55년 :	# 	County		
			T AND NAT	TIDAT CA	•							
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or	Condensate [	CRAL GA	Address (G	ive address to				be sent)		
	Texas New Mexico Figs	s tem find of				ars Faic			copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	Name of Authorized Transporter of Casinghead Gas or Dry Gas				ive address to Box (3)				UC 36186/		
		Unit S	ec. Twp.	P.ge.	;	ally connected						
	If well produces oil or liquids, give location of tanks.		4 170	37E	is gas detauti, comments							
	If this production is commingled wit	h that from	any other leas		give commi	ngling order	number:					
IV.	COMPLETION DATA			Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest	Diff. Res'v.		
	Designate Type of Completio	n - (X)			1	1		 	_			
	Date Spudded	Date Compl	. Ready to Prod	d.	Total Dept	h		P.B.T.D.				
					Top Oil/Gas Pay			Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Format	ion	Top On/G	is hay		Tubing 20,				
	Perforations								Depth Casing Shoe			
								<u> </u>				
				DEPTH SET			SACKS CEMENT					
	HOLE SIZE	CASI	NG & TUBING	3 3126	<del>                                     </del>	DEI III GE						
					<del> </del>							
	The same province of	DD AV I OF	UADI E /T-		free secones	of total volum	e of load oil	and must be	equal to or ex	ceed top allow-		
V.	TEST DATA AND REQUEST FO	JK ALLUI	ab	le for this de	epth or be for	full 24 hours)						
	Date First New Oil Run To Tanks	Date of Te	st		Producing	Method (Flow,	pump, gas ii	t, etc.)				
	The state of the s	ength of Test Tubing Pressure			Casing Pr	essure		Choke Size	Choke Size			
	ength of Test Tubing Pressure											
	Actual Prod. During Test	Oil-Bbls.			Water - Bbis.			Gas - MCF				
							<u> </u>					
	CAC WET T											
	GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Testing Method (pitot. back pr.)  Tubing Pressure (Shut-in)				Bbls. Condensate/MMCF			Gravity of Condensate				
					Coolea De	Casing Pressure (Shut-in)			Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-1	, a	Casing Pr	and former		0020 012	-			
	CERTIFICATE OF COMPLIANCE					OIL C	ONSERVA	TION CO	MMISSION			
VI	DERTIFICATE OF COMPLIANCE					•	មក្រុ <b>ំការ</b> េរ៉ូ			65		
	I hereby certify that the rules and	hereby certify that the rules and regulations of the Oil Conservation				BY						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY_							
	•	TITEE District No. 1										
	CAE Lab				This form is to be filed in compliance with RULE 1104.							
	Market Market Market				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							
	(Signature)				well, th	is form must ken on the v	be accompa well in acco	nied by a transce with	RULE 111.	. (116 0041511011		
	APPLIES TO SECURITION OF THE PROPERTY OF THE P				. II	sections of	this form mu	st be filled	out comple	tely for allow-		
	(Title)				able on new and recompleted wells.							
	(Date)					well name or number, or transporter, or other such change of conditions						
		comple	Separate Forms C-104 must be filed for each pool in multiply completed wells.									
					- Comptant was							