NO. OF COPIES RECEIVED			
DISTRIBUTIO	NC	1_	
SANTA FE			
FILE		Ī	
U.S.G.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS	. !	
OPERATOR			
PRORATION OFFICE			
Operator	· ·		
Address	31.	• .	
Reason(s) for filing New Weli Recompletion Change in Ownership		er be	

ľ	DISTRIBUTION	NEW MEXICO OU C	CONSERVATION COMMISSIONS	Form C -104	
Ì	SANTA FE	TA FE REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
1	FILE	NEGOES!	AND	Effective 1-1-65	
Ì	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
ŀ	LAND OFFICE	7.671.671.671.671.671.671.671.671.671.67			
	TRANSPORTER GAS				
ł	OPERATOR				
	PRORATION OFFICE				
֓֝ ֡	Operator				
	Address				
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:		is assummation frame.	
	Recompletion	Oal Dry Go		or out substitute of the contract of the cont	
	Change in Ownership	Casinghead Gas Conde	, ! !		
l					
	If change of ownership give name and address of previous owner	Phillips Per	troleum Company, Midler	d. Texas	
	and address of previous owner.		sbrough No. 1		
٠.	DESCRIPTION OF WELL AND	LEASE		ease Lease No.	
	Lease Name	Well No. Pool Name, Including F	2	deral or Fee	
	The second deposit and	78	1. 7 ti 1. 7	Fee	
	Location				
	Unit Letter; _661	Fee: From The North Lin	ne and 617 Feet Fro	om The	
		Panao	, NMPM,	County	
	Line of Section 7 To	wnship 178 Range	78		
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
·	Name of Authorized Transporter of Of	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
i	Contract the first temperature of temperature of temperature of temperature of temperature of temperature of temperature	. 1 5)	Pr. C. Boy. Nov. 11, 31	2136	
	Name of Authorized Transporter of Co	rsinghead (das 📉 💮 or Dry Gas 🗔	Address (Give address to which ap	proved copy of this form is to be sent)	
-	### 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	D 7 178 37E	<u> </u>		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	•	
	COMPLETION DATA			D. J. C. D. M. Diff Books	
•			New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completi	· · · · · · · · · · · · · · · · · · ·			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name o: Producing Formation	Top Cil/Gas Pay	Labing Depti.	
				Depth Casing Shoe	
	Perforations				
		TURING CASING AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	SASING U TODING SALE			
,	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow	
•	OIL WELL	able for this d	lepth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water-Bbis.	Ggs - MCF	
	Actual Prod. During Test	Oil-Bbis.	Water - Dois.		
		<u> </u>			
	_				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1881-MCF/D	Length Ci 1660			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	resting Method (pitot, outch pri)	(0)	,		
_		NCE	OII CONSEE	RVATION COMMISSION	
ĺ.	CERTIFICATE OF COMPLIA	NCE			
		a company of the Oil Componention	APPROVED	, -1: , 19 <u>-11 </u>	
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.				
			BY	, 15	
				interes No. 1	
	THE STATE OF THE S			in compliance with RULE 1104.	
				Manable for a newly drilled or deepene	
				MADDIES OF THE CONTRACTOR OF 1110 GALLERY	
	(Si _k	(nature)	tests taken on the well in accordance with RULE (11.		

(Title)

(Date)

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.