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<u> </u>	Reason(s) for filing (Check proper box)		Other (Pleas	e explain)		
-	New Well	Change in Transporter of:	Change	of Operator	& Well No. f	rom
				Beard, Young		
	Recompletion	OII Dry Gas	· - · · · ·	beard, roung	110. 7	
1	Change in Ownership	Casinghead Gas Conden	sate			
L						
1	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND I	EACE				
AA.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
l				State, Federal or F	ee fodomal !	.c 063441
ļ	Young Unit	3 Young Queen	<u> </u>	Jacob Control of t	reveral	-6 003441
Ì	Location					į
	A 660	Feet From The N Line	and 330	Feet From The _	Ε	
	Unit Letter A ; 660	Feet From The N Line	e ana	reet rrom The _		
		• 0 •	205			_
	Line of Section 17 Tow	rnship 185 Range	32E , NMPN	л, Lea		County
	PROTOS AMION OF TRANSPORT	TED OF OIL AND NATURAL GA	c			
ш.,	Name of Authorized Transporter of Oll	TER OF OIL AND NATURAL GA	Address (Give address	to which approved c	ony of this form is to	be sent)
						,
i	Texas-New Mexico Pipe	line Co.	P. 0. Box 151	<u>O Midland, T</u>	exas /9/04	
j	Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas	Address (Give address	to which approved c	opy of this form is to	be sent)
	}	• • •	P. O. Box 666	6 Odessa T	exas 79760	
	Phillips Petroleum Co		Is gas actually connec	ted? When	CAUS 15100	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	ted , when		
	give location of tanks.	Н 17 18S 32E	Yes		12-18-58	
1		1 11 1 6 1 1 1	aine comminating ords	e number		
	If this production is commingled wit	h that from any other lease or pool,	Rive committeding orac	number.		<del></del>
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plu	ug Back   Same Res	v. Diff. Res'v.
1V.			Men nem norrow	1	!	1
IV.			1			
1V.	Designate Type of Completion			<u> </u>		
10.			Total Depth	P.	B.T.D.	
IV.	Designate Type of Completio	n – (X)	Total Depth	P.	B.T.D.	
10.	Designate Type of Completio	n — (X)  Date Compl. Ready to Prod.			B.T.D.	
IV.	Designate Type of Completio	n – (X)	Total Depth  Top Oil/Gas Pay			
IV.	Designate Type of Completio	n — (X)  Date Compl. Ready to Prod.		Tu	bing Depth	
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## VI.

Division Supt. (Title) 2=13-69

(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 sllow-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.