SA TAFE FI E G.S. ID OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator	AU	THORIZATION T	O OIL CONSERVATOUEST FOR ALL AND O TRANSPORT	OWABLE /	,	Form C-104 Supersedes G Effective 1-1	Old C-104 and -65
Addity 011 Compan	ıy						
Redson(s) to Himg theck p	Midlend, Texa	15 79702					
New Well		e in Transporter of:	Ot	her (Please ex	plain)		
Recompletion	Oil	<u> </u>	Dry Gas C	hance of	• -		
Change in Ownership	Casing		Condensate F	Comeria /	lease name		
If change of ownership give and address of previous own	name		-		. L. Christ	mas	
. DESCRIPTION OF WELL			the game and the second of the				
Lease Name	Well N	c. Pool Name, Includ	ing Fermation	Kin	d of Lease		
Location Christmas				i	te, Federal or Fee		Lease No.
Unit Letter;		Eumont (Ga	•		o, redetal or Fee	Fee	
		rom The South	_Line and6	50 F	et From The _	72	
Line of Section	Township 19	Range				West	
DESIGNATION OF TRANS	SDODTED OF CO		36E	, NMPM,		Lea	County
Name of Authorized Transporte	or of Oil or	Condensate	. GAS	, <u>-</u>			
None.			Address (Give	adaress to whi	ch approved copy of	this form is to	be sent)
Name of Authorized Transporter	r of Casinghead Gas				ch approved copy o		
None of Authorized Transporter	r of Casinghead Gas						
El Paso Natural Ga	r of Casinghead Gas	or Dry Gas	Address (Give	address to whi	ch approved copy of	this form is to	
El Paso Natural General if well produces oil or liquids, give location of tanks.	r of Casinghead Gas	or Dry Gas	Address (Give	address to whi	ch approved copy of		
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GAS WELL			
Actual Prod. Test-MCF/D	Length of Test		
Task		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casina Processing	
		Cosing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	CE		
	- -	OIL CONCERNA	

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.

v.

(SIGNED) LELAN	D FRANZ	
	(Signature)	Leland Franz
<u> District Producti</u>	on Manager	
February 11, 1977		

(Date)

FEB 21 1971PN COMMISSION

APPROVED Orig. Signed by Plux L. 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 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.