GTATE OF NEW MEXICO         RGY AND MINERALS DEPARTMENT         Interimution         Interimutin         Interimutin	and, Texas 79702	ALLOWABLE ND PORT OIL AND NATURAL GAS	Form C-104 Revised 10-1-70 fective 1-1-83 , Inc. name changed to Transportation Co.
	3 Blinebry Oil 310 Feet From The <u>North</u> Line	and Gas Stole, Feder	al or F•• Fee
	FER OF OIL AND NATURAL GA	P.O. Box 1142, Midland, Address (Give address to which appro P.O. Box 300. Oil Cente	Texas 79702 oved copy of this form is to be sent)
If this production is commingled wit COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)		give commingling order number: New Well Workover Deepen : Total Depth Top Oil/Gas Pay	Plug Buck   Same Res'v. Diff. Res'v.
Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shoe
Actual Pred, During Teet	DR ALLOWABLE (Test must be af able for this de; Date of Test Tubing Pressure Cil-Bble.	l lier recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bols,	l and must be equal to or exceed top allou- ijt, etc.) Choke Size Gas-MCF
GAS WELL Actual Prod. Tool-MCF/D Tooling Wolked (pilot, back pr.)	Longth of Tool Tubing Process (Shut-in)	Bbie. Condensate/AMCF Caeing Freesure (Shat-in)	Gravity of Condensate Choze Size
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and bestef.		DIL CONSERVATION DIVISION          APPROVED       JAN 17 1983       19         ORIGINAL SIGNED BY	
Accounting Asst. II (Tule) 1-12-83		This form is to be filed in compliance with HULE 1194. If this is a request for allowable for a newly dilled or deepensu- well, this form must be eccompared by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner, well needs or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiple recondent wells.	

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JAN 1 4 1983 CC.D. HOBBS OFFICE

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