NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-1 Effective 1-1-65			
FILE		AND		
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	AL GAS	
LAND OFFICE		ANSPORT OIL AND NATURA		
TRANSPORTER GAS		THE 12		
OPERATOR				
PRORATION OFFICE				
Operator				
Address				
Reason(s) for filing (Check proper bo	x)	Other (Please explain)		
New We!l	Change in Transporter of:			
Recompletion	Oil Dry G	as 🗌		
Change in Ownership	Casinghead Gas Conde	nsate xxx Section 3,	Well No. 44	
f change of ownership give name and address of previous owner	A FLACE			
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation Kind of	Lease	Lease No
	102	State, F	ederal or Fee State	E-8322
Location	IVE			
	220 conth	ne and 330 Feet F	From The 68.5 t	
Unit Letter;;	330 Feet From The south Li	ne andFeet F	rom The Cabl	
_	_	NI 470 4		Count
Line of Section 3 T	ownship Range	, NMPM,		Count
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G.	AS Address (Give address to which a	approved conv of this form i	s to be sent)
Name of Authorized Transporter of C	or Condensate	Address (Give datess to which	approved copy of this form	3 (3 (3 3 3 3 3 3)
			d come of this form i	s to he sent!
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which	approvea copy of this form t	s to be sent;
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.		Is gas actually connected?	When	
give location of tanks.	Unit Sec. Twp. Rge.		1	
give location of tanks. If this production is commingled to			1	
give location of tanks. If this production is commingled to COMPLETION DATA	Unit Sec. Twp. Rge. with that from any other lease or pool		:	Resty. Diff. Re
give location of tanks. If this production is commingled to COMPLETION DATA	Unit Sec. Twp. Rge. with that from any other lease or pool	, give commingling order number	:	Res'v. Diff. Re
give location of tanks. If this production is commingled to COMPLETION DATA Designate Type of Comple	with that from any other lease or pool $\operatorname{Con} - (X)$ Gas Well	, give commingling order number	:	Restv. Diff. Re
give location of tanks. If this production is commingled to COMPLETION DATA	Unit Sec. Twp. Rge. with that from any other lease or pool	, give commingling order number	en Plug Back Same F	Restv. Diff. Re
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above is true and complete to the best of my

 (Signature)	
 (Title)	

(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 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.