STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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-	P. O. Box 670, Hol	he NM 99240
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니느	Recompletion	
. X	Change in Ownership	Casinghead Gas Ca
. If c	hange of ownership give na	ine dule out a man
	l address of previous owner	
Π.	DESCRIPTION OF WELL	ANTO LEASE
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	well produces oil or liquids, e location of tanks.	1 22:115 27-
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If the	la production is commingie	d with that from any other lease or pool.
NC	TE: Complete Parts IV a	nd V on reverse side if necessary.
		
VI	CERTIFICATE OF COMP	HANCE
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APPROVED	AUG 1-3 1985	• .:
BY	PARLA Sylon	:
TITLE	DISTRICT 1 SUPERVISOR	
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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.

JUL 12 1985