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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OF					
Operator					
CONT	TAIC	111			
Address					
BOX	16	0			
Reason(s) for filing (Check proper box)					
New Well					
Recompletion					
Change in Ownershi					

* HEW MEXICO OIL CONSERVATION COMMISSIC . REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR						
I.	Operator						
	Address CONTINICATOR COLL COMPANY						
	ROX 160 HORBS NGW MCKICO BERSON Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	F				
	Change in Ownership	Casinghead Gas Condens	sate				
	and address of previous owner	FACE					
41.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		_			
	MEYER A-L	10 EUNICE MI	CAUMACUT State, Federa	or Fee FG.O			
		Feet From The MONTH Line	and 23/0 Feet From 7	The MICST			
	Line of Section 17 Tow	nship 7. , Range	36 , NMPM,	LEA County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approx	ed copy of this form is to be sent)			
	Hame of Authorized Transporter of Oil	•	·				
	Same of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx				
	MIARDON POTRO	Unit Sec. Twp. Rge.	TULSA, OKLA	HOANA			
	If well produces oil or liquids, give location of tanks.	F 17 21 36	YES D	scenest 31, 1971			
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)						
	Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Lendin of Teat					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
۲۶	Thereby certify that the rules and regulations of the Oil Conservation opposition have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION				
			APPROVED JAN	2 4 1972			
			Orig. Signed by By To m Runyan				
			TITLE Geologist				
me har bless			TITLE	compliance with Bull E 1104			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	(Sign	accept	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	ADMINISTRUTH	in supervisor					
(Title)		able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner					

NANOCC (5) NAN FU(4) USGS(2) FICE 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.