NO. OF COPIES RECEIVED	l .					
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMI. Form C-104				
SANTA FE	•	NEW MEXICO OIL CONSERVATION COMMI				
FILE	REQUE	REQUEST FOR ALLOWABLE AND				
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL (345			
LAND OFFICE	AUTHORIZATION TO					
OIL		Йи с 29 - Н. ц	n Amare			
TRANSPORTER GAS			2 m2 p3			
OPERATOR						
PRORATION OFFICE	 -					
Operator						
	al Oil Company					
Address		_				
P. O. Box	460, Hobbs, New Mex	ico				
1 1		Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion		ry Gas	onfont o			
Change in Ownership	Casinghead Gas C	ondensate 🔲 Squeeze & Rep	Deriora de			
If change of ownership give nam and address of previous owner_						
DESCRIPTION OF WELL A	ND LEASE	N. V. V. Jadin Founding	Kind of Lease			
Lease Name	well No. Poo	ol Name, Including Formation Blinebry	State, Federal or Fee State			
State 10		DITHERIA	50400			
	990 - Morth	Line and 990 Feet From	The West			
Unit Letter D ;	Feet From The 1101 012	reer rom	The			
Line of Section 10	, Township 21 Range	37 , NMPM,	Lea County			
	F type also	EFFECTIV	E JAINUARY 31, 1977,			
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	Address (Give address to which GET	OT COMPANY 1977,			
Name of Authorized Transporter of	Oil v or Condensate	Address (Give address to which gang	wed copy of this form is to Elent)			
	Λ	11120 022	TAL WIL COMPANY,			
Name of Authorized Transporter of	Casing need Gas or Dry Gas	Box 1510 Midla Address Give address to which appro-	oved copy of this form is to be sent)			
	Λ.					
Skelly Oil Comp	any Unit Sec. Twp. Rge	Box 1135 Eunic	<u>e, New Mexico</u>			
If well produces oil or liquids,	, , , , , , , , , , , , , , , , , , , ,					
i dive iccation of tanks.						
give location of tanks.	E 10 21S	37E				
If this production is commingled		37E				
If this production is commingled COMPLETION DATA	d with that from any other lease or p	pool, give commingling order number:	Pluc Back Same Res'v. Diff. Res'			
If this production is commingled	d with that from any other lease or p	ell New Well Workover Deepen	Pluc Back Same Res'v. Diff. Res'			
If this production is commingled COMPLETION DATA Designate Type of Complete Complet	d with that from any other lease or p	pool, give commingling order number:	Pluc Back Same Res'v. Diff. Res'			
If this production is commingled COMPLETION DATA Designate Type of Complete Spudded	d with that from any other lease or pletion - (X) Oil Well Gas W Date Compl. Ready to Prod.	ell New Well Workover Deepen X Total Depth	P.B.T.D.			
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VI

above is true and complete to the best of my knowledge and belief.

Hell Styler	
(Signature)	
Staff Supervisor	

(Date)

(Title) 2-19-<u>65</u>

NMOCC-5, LPT File

APPROVED.	(s) (s)	····	, 19	·
BY				

This form is to be filed in compliance with RULE 1104.

TITLE _

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 Sections I, II, III, and VI only 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.