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1	DISTRIBUTION	. .	EW M				TION COMMI
	SANTA FE			REQ			_OWABLE
-	FILE					AND	
Ì	U.S.G.S.	AUTHO	RIZAT	ION TO	O TRAN	ISPORT	OIL AND
f	LAND OFFICE						
	TRANSPORTER GAS						
	GPERATOR						
1.	PRORATION OFFICE Operator Gatty 0.1 C	Minnih.					
	Address P. O. By 2	49, HOĐ	s, <i>\\</i> 05	Hoz.	.co 88	5/10	
	Reason(s) for filing (Check proper box)			<u> </u>			Other (Pleas
	New Well	Change i	n Transpo	erter of:			
		Cil	[Dry Gas		
	Recompletion	Casinahi	ead Gas		Condens	sate 🔲	
	Change in Ownership	Tidevate	r 011	COMP	eny, I	. 0	DIA 199,
••	If change of ownership give name and address of previous owner	EASE					
11.	Lease Name	6140			luding Fo	rmation	
	State "S"		<u> </u>	DIII	eor j		
	Location C 660	O _Feet F	com The	Nort	h_Line	e and	2080
	Onic Letter						37E , SIME
	Line of Section 15 Taw	mahip 218		Ro	inge	· · · · · · · · · · · · · · · · · · ·	J14 1
115	Name of Authorized Transporter of Case	singhead Gas				-	s i Give address
	Skelly Oil	CO					
	Drezzy				T ====================================	110 775	Box 1135
	If well produces oil or liquids,	V'nit S	,	•	Rge.	ls grs	Box 1135 actually conne Yes
	If well produces oil or liquids, give location of tanks.	C'nit S	15	21_	37		actually conne
111.	If well produces oil or liquids,	C'nit S	15 any other	21 r lease	37 or pool,		Tes
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Taylordanide, 1967

/Date /

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Form C-104

ANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old Effective 1-1-6	C-104 and C-110			
ILE		AND	Elicottio I I o	•			
.s.g.s.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS					
AND OFFICE	 						
RANSPORTER	!						
GAS							
PERATOR							
perator Gatty QL1	Contract						
	249, Hobbs, tow Monteo 88	2150					
idress P. U. Box.	Sith Woods Ton Frances						
- City I was box		Other (Please explain.	V				
eason(s) for filing (Check proper box	Change in Transporter of:						
lew Well Lecom; letton	Cil Dry Gas						
Change in Ownership	Casinghead Gas Condens	ate 19, Hobbs, New	Mexico 88240				
	Tidewater Oil Company, r	. C. CAR LIVY					
change of ownership give name address of previous owner							
ESCRIPTION OF WELL AND	LEASE. Weil No. Pool Name, Including For	rmation Ring of Same		erse			
ease Name State "S"	4 Blinebry	! State: Federal or	Fee State	B-9188			
_coation			Ue at				
c 66	50 Feet From The North _Line	and 2080 Peet Firm Tile	West				
Unit Letter			Lea	Terust V			
Line of Section 15 To	wiship 21S Range	37E , NMSM,					
	TER OF OIL AND NATURAL GAS	5					
ESIGNATION OF TRANSPOR	PERICO PIPELLAS CO.	Address Rue 1510, coldinate, -	this form is	10 DE SEST			
Name of All Dillaga		Address (Give address to which approve	foons of this form is	to be sen:			
Name or Authorized Transporter of C	asinghead Gas 😿 💮 cr Dry Gas 🗔						
Skelly Oi	1 Co.	Box 1135, Eunice, N					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	L.I. I. I. I.	TIVE JANUAR	Y 31, 1977.			
give location of tanks.	C 15 21 37		TOIL COMPA	NY MEDCUT			
f this production is commingled w	with that from any other lease or pool,	give comminging order number IIV	CELLA OIL CO	OMPANY.			
COMPLETION DATA	Oil Well Gas Well	New Well Worksver Dieger.	Flug Back - Same P	estr. Liff. Pest			
Designate Type of Complet	ion = (X)	1	9.8, 7. 0.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B. 1.D.				
		Top Otl/Gas Pay	Funding Mepth				
Elevations (DF, RKB, KT, GR, etc.	Name of Producing Formation	Top City and First					
		1	Jegin Tasing Shoe				
Perforations							
	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS C	EMENT			
HOLE SIZE							
		after recovery of total volume of load oil o	nd must be equal to	or exceed top all			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	enth of he for full 24 hours					
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	·, etc.)				
	: 		Choke Size				
Length of Test	Tuping Pressure	Casing Pressure					
		Water - Bbls.	Gas-MOF				
Actual Prod. During Test	Oil-Bbls.						
							
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden	5010			
Actual Prod. 1881-Works			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHORA GIVE				
			TION COMMIS	SION			
. CERTIFICATE OF COMPLI	ANCE	OIL CONSERVA	CETON COMMIS	J, O, 1			
		APPROVED	19				
hereby certify that the rules a	and regulations of the Oil Conservation		71 (1)				
Commission have been complied	ed with and that the information give the best of my knowledge and belief	i. BY	in the same				
ADOVE 18 Hide and applicate to		TITLE SUPER					
		A So filed in	compliance with F	RULE 1104.			
. Y		If this is a request for allo	wable for a newly	drilled or deep			
1.5.4	Dutility makes	If this is a request for allo well, this form must be accomp tests taken on the well in accordance.	anied by a tabulat ordance with RULI	I 111.			
	ASSESSED BEGINNER CONTRACTOR CONT	tests taken on the well in acco					

tests taken on the well in accordance

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.

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