-	and a	<u> </u>	
DISTRIBUTION	NEW MEXICO OIL CON REQUEST FO	SERVATION COMMISSION	Form C=104 Supersedes Old C=104 and C=110 Effective 1=1=65
	AUTHORIZATION TO TRAN	DR ALLOWABEFFICE C. C. C. AND HUBBEFFICE C. C. C. SPORT OIL AND NATURAL GEAS	
LAND OFFICE DIL DIL GAS			
HERATOR PROPATION OFFICE		$\overline{\rho}$	
Jan Americ	an Detroleu	n lop	<u> </u>
Reasons) for filing (Check proper box,	fobbs,	Other (Please explain) WELL MAKES SOM	E LONDENSATE NOW.
The second secon	Cil Dry Ora Casinghead Gas Condense	•	
It change of ownership give name and address of previous owner			
IL DESCRIPTION OF WELL AND	nei no. reorient	, merualing i ermation	(ind of Leane State, Federal or Fee
STATE C TRACT		MUNT- CHS	
1641 Letter_E_: 198		7-E , NMPM, LE	A County
21. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS		d arrow of this form is to be sent)
THE DERMIAN COR	P (TRUCKS)		DIEXAS
MARREN PETROLE	um Corp.	Box 67. MONUME	NT, N.M.
H well predicted off or liquids, give heration of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	10-1-61
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool, g		Plug Jack Same Hesty, Diff. Hesty
Designate Type of Completi	ion = (X)		P.B.T.D.
i de quitel	Date Compl. Ready to Prod.	Total Depth	
(a.d)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Contrasticitas			Depth Casing Shoe
HOLESIZE	CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
	COD ALLOWARLE (Test must be a		nd must be equal to or exceed top allo
OIL WELL Isne First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	2, elc.)
Length of Test	Tubing Fressure	Casing Pressure	Choz-Size
Actual Fred, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		1	
GAS WELL Actual Frod. Test-MCF 4D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Proving Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19
	with and that the information given the best of my knowledge and belief.		•
		TITLE	compliance with RULE 1104.
		If this is a request for allow well, this form must be accompa	vable for a newly drilled or deeper nied by a tabulation of the deviat
ON CI-N MOCC-N	(Title) Grew Supt (Title) 5-27-66	tests taken on the well in accor All sections of this form mu	ist be filled out completely for all
1 - DBP 1 - SUSP	(Title) (Date) 5-27-66	well name of number, of transport	ells. , and VI only for changes of own ter, or other such change of conditi ,t be filed for each pool in multi
		Separate Forms C-104 mus	

ļ	Fill out Sections I, II, III, and VI only for changes of owr well name or number, or transporter, or other such change of condit
	Separate Forms C-104 must be filed for each pool in multi completed to the loss