DISTRIBUTION	NEW N	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE			RALLOWABLE	Supersedes Old C-104 and C-
U.S.G.S.	AUTHODIZAT		ND	Effective 1-1-65
LAND OFFICE	AUTHORIZAT	IUN IO IRANSE	PORT OIL AND NATUR	AL GAS
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator - 1422 - 852   867, 848, 570	ı			
Address Color, accepts, 27				
Reason(s) for filing (Check proper b	ox)	<del></del>	Other (Please explain,	,
New Well	Change in Transpo	orter of:		mg processa of the nor
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas	54. C. 170 - 100	<del>.</del>
	Susmighed Gas [	Condensate	Was J. L. Gr	reemrood #4
ESCRIPTION OF WELL AND Lease Name	We	Pool Name, Ir	actuding Formation	Kind of Lease State, Federal or Fee
Unit Letter : 6	60 Feet From The	south Line and	Feet F	From The
Line of Continu	Samuel Andrew			West
Line of Section 9, T	ownship 223	Range 378	, NMPM,	County
ESIGNATION OF TRANSPORMED OF Authorized Transporter of C			ress (Give address to which o	approved copy of this form is to be sent)
when it discourse	المالعة ١٧٠	: Car	Mi Baby Pallingly	A Charles
Name of Authorized Transporter of C		ry Gas 🗍 Add		approved copy of this form is to be sent)
	asinghead Gas cr Di	ry Gas Add	ress (Give address to which of ILI), ILILOS,	approved copy of this form is to be sent)
Name of Authorized Transporter of C	unit Sec. Tw	p. Rge. Is g	ress (Give address to which of the LLB), LANGOE, I as actually connected?	approved copy of this form is to be sent)  When
Name of Authorized Transporter of C	Or Distribution of Distributio	p. Rge. Is g	ress (Give address to which of the land of	approved copy of this form is to be sent)  When  Unknown
Name of Authorized Transporter of C	Unit Sec. Tw	p. Rge. Is g  28 378 ease or pool, give	ress (Give address to which on 11.3), 100 to e., as actually connected?  Yes  commingling order numbers	approved copy of this form is to be sent)  When  Unknown
Name of Authorized Transporter of C	Unit Sec. Tw  L 9 2  with that from any other 1	p. Rge. Is g  28 378 ease or pool, give	ress (Give address to which of the land of	approved copy of this form is to be sent)  When  Unknown
f well produces oil or liquids, live location of tanks.  this production is commingled well production of tanks.	Unit Sec. Tw  L 9 2  with that from any other 1	p. Rge. Is g  2S 37E  ease or pool, give	ress (Give address to which on 11.3), 100 to e., as actually connected?  Yes  commingling order numbers	when
f well produces oil or liquids, rive location of tanks.  this production is commingled well production of tanks.  Designate Type of Complet	Casinghead Gracian or Divide $\mathbf{L}$ or	p. Rge. Is g  2S 37E  ease or pool, give	ress (Give address to which of the Line of	when  Unknown  Plug Back   Same Res'v. Diff. Res'
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Name of Authorized Transporter of Control of Complet Control of Complet Control of Complet Control of Complet Control of	Unit Sec. Tw  L 9 2  with that from any other 1  ion — (X)  Date Compl. Ready to F  Name of Producing Form  TUBING,  CASING & TUBI  FOR ALLOWABLE (  Date of Test  Tubing Fressure  Cil-Bbls.	Prod. Rge. Is g  28 378 ease or pool, give  Gas Well New  Prod. Total  CASING, AND CEN  NG SIZE  Test must be after reable for this depth or  Casi  Wate	as actually connected?  Yes  commingling order number:  Well Workover Deepe  I Depth  Oil/Gas Pay  MENTING RECORD  DEPTH SET  covery of total volume of load be for full 24 hours)  lucing Method (Flow, pump, given before the series)  ing Pressure	my Plug Back   Same Res'v. Diff. Res  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  doil and must be equal to or exceed top allowas lift, etc.)  Choke Size  Gas-MCF

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

(Signature) PANE TOL

(Title)

(Date)

34 CM (2011) 16 (2011)

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 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.