	SANTA FE	∤ nt	EW MEXICO OIL O			SSION		orm C-104	
	FILE	FOR ALLOWABLE				Supersedes Old C-104 and C-11 Effective 1-1-65			
	· · · · · · · · · · · · · · · · · · ·	AND				ec.144 1-1-02			
	U.S.G.S.	AUTHORIZ	ZATION TO TRA	ANSPORT O	IL AND N	ATURAL (GAS		
	AND OFFICE	-							
	IRANSPORTER GAS								
	OPERATOR								
I.	PRORATION OFFICE								
	John H. Hendrix								
	403 Wall Towers West,	Midland, Tex	ras 79701						
	Reason(s) for Isling (Check proper box)			I Oth	her (Please	explain)			
	New Well	Change in Tra	insporter of:				O BESTON	EL MINOTE IN	7
	Recompletion	Oil	Dry Go	CASINGHEAD GAS MUST NOT BE FLARED AFTER					
	Change in Ownership	Casinghead Go							-
		3.5,					EFITUN	TO R-407	<u>U</u>
	If change of ownership give name and address of previous owner			·	IS OBTA	TUED.	· ·		
11.	DESCRIPTION OF WELL AND LEASE					<u></u>		<u> </u>	
	Cossatot "G"	Well No. Poo	ol Name, Including F Drinkard	ormation	į	Kind of Leas State, Federa		1700	Lease No.
			DI MIRALU			State, redero	l or ree	Fee	
	Location F 23	10	Month	1.6	1 E A				
	Unit Letter;	Feet From Th	ne North	ne and	550	_ Feet From	The	West	
	Line of Section 13 Tow	vnship 22-S	Range	37-E	, NMPM,			Lea	County
111	Cine of Section 104			·	, NMPM,	, ,		Lea	County
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AN		13		o which appro	ved copy of	Les this form is to	
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	FER OF OIL AN	D NATURAL GA	A3 Address (Giv	ve address to			this form is to	
ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil The Permian Corporation	TER OF OIL AND or Conder	D NATURAL GA	Address (Giv	ve address to	Houston	i, Texas	this form is to	be sent)
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil The Permian Corporation Name of Authorized Transporter of Cas	rer of oil Ani or Conder n	D NATURAL CA	Address (Giv	ve address to	Houston	i, Texas	this form is to	be sent)
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GAS WELL Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Gravity of Condensate Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marlene Dones	
 Production Clerk	
 7/23/73 (Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROV	ED , 19	
BY	May May	
TITLE	Sur to	

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 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