. 1	······································					
ł	DISTRIBUTION			_		
	SANTA FE		ONSERVATION COMMISSION		01d C-104 and C-114	
	TILE	A FE REQUEST FOR ALLOWABLE AND			1-65	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OF FICE					
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
1.	PROPATION OFFICE					
	Operator					
	NATOMAS NORTH AMERICA, INC.					
	Address					
	1000 First Place, Tulsa, OK 74103 Descon(s) for filing (Check proper box) Other (Please explain)					
1	Recompletion Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name					
	and address of previous owner				*	
11	DESCRIPTION OF WELL AND	LEASE				
	Lesse Name	Well No. Pool Name, Including Fo		f Lease	Lease No.	
	State Comm "23" Com	1 Antelope Ridge	– Atoka State,	Federal or Fee State	LG-1208	
	Location					
	Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West					
	Line of Section 23 Tow	mship 23S Range 34	<u>Е</u> , ммрм, <u>L</u>	ea	County	
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which	happroved copy of this form	is to be sent)	
	Name of Authorized Transporter of Oil					
	Southern Union Refinin	ing Company	4201 Wingren Drive	h approved copy of this form	15062 is to be sent)	
	Sas CO. Of New Mexico	singhead Gas or Dry Gas X.	Address (Give address to which 1800 1st Internation P. O. Box 1492, El	onal Bldg. Dallas	TX 75270	
	<u>El Paso Natural GasCo.</u>	· · · · · · · · · · · · · · · · · · ·	Is gas actually connected?	$\frac{PaSU_{s}}{When}$ 8-17-79		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge. N 23 238 34E	Yes	8-9-79		
		h that from any other lease or pool,	give commingling order numb	et:	<u></u>	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completio	on = (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			j	D. N. Casta Shar		
	Pericrations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
				SACKS	EMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
		OD ALLOWARLE (Test must be a	fer recovery of total volume of l	oad oil and must be equal to	or exceed top allow-	
ν.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas - MCF		
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.			
			<u> </u>	<u></u>	لــــــ	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condens	ate	
	Actual Frod. 7.est-MCF/D	Length of Test	BDIB: Condeneeder manor			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Jubing Pressure (Blue-14)				
				ERVATION COMMISS	SION	
VI.	CERTIFICATE OF COMPLIAN	CE				
	the oil Conservation		APPROVED SE	<u>p 1 3 1990</u>	, 19	
	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.		Deta Signed by			
			By Jerry Sexton			
			TITLE Dist L Supe			
	\sim		million in to be fi	led in compliance with R	ULE 1104.	
	Ammullan		11	the second to for a newly of	Hilled or deepened	
			If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
	D. M. Mullen (Signature)		i trata trian on the well in according to the transfer			
	Production Manager		All sections of this ferm must be filled out completely for sileve-			
	(Tule) September 4, 1980		I must be them to the and VI for changes of owner,			
	(Dute)		Fill out 2005 Sections 1, 12, 114 other such change of conditional well cance of number, of transporter, or other such change of conditional Separate Forms C-104 must be filed for each pool in multiply			
	(1)		Separate Forms C-1	04 must be filed for eac	n boot in month, '	
			i completed welles			