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	SANTA FE			
	FILE		7	
	U.S.G.S.		٦,	١,
	LAND OFFICE		_	٠,
	TRANSPORTER OIL GAS			
	OPERATOR		1	
	PRORATION OFFICE Operator		1	
	John Yuronka			_
	120-C Central	L Bu	ilding	,
Ì	Reason(s) for filing (Check pro	per box	x)	
	New We!l		Ch	D.
	Recompletion		Oi	
	Change in Ownership		Ca	s
	Location Unit Letter K	198	80 Fe	e
	Line of Section 25	To	wnship	
	DESIGNATION OF TRANS Name of Authorized Transporter	POR	TER OF	
	Cities Service Oil Name of Authorized Transporter	Com	pany	30
	El Paso Natural Ga	s Co	mpany	
	If well produces oil or liquids, give location of tanks.		Unit	
(f this production is commingl COMPLETION DATA	ed wit	h that fr	21
	Designate Type of Comp	pletio	on - (X)	
	Date Spudded		Date Co	m
E	Elevations (DF, RKB, RT, GR, e	etc.;	Name of	F
-	Perforations	-	1	
				_

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-116 Effective 1-1-65 AND UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Midland, Texas 79701 Other (Please explain) inge in Transporter of Effective September 1, 1966. Dry Gas inghead Gas etroleum Company, 705 First National Bank Bldg., Amarillo, Texas I No. Pool Name, Including Formation Queen Kind of Lease Federal Legse No. Langlie Mattix- 7 Rivers & State, Federal or Fee LC030139 et From The **South** Line and 1980 __ Feet From The __ West 23**-**S Range 36**-**E County OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) 800 Vaughn Building, Midland, Texas
Address (Give address to which approved copy of this form is to be sent) as 🗶 or Dry Gas 2007 Wilco Building, Midland, Texas Sec. Twp. Rge. 23-S 36-E Yes m any other lease or pool, give commingling order number: New Well Workover Gas Well Plug Back Same Res'v. Diff. Res'v. pl. Ready to Prod. Total Depth P.B.T.D. Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. 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 allowable for this depth or be for full 24 hours) OIL WELL 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 Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

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.

Owner and Operator (Title)

(Date)

August 31, 1966

TITLE

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