NO. UF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE		AND ANSPORT OIL AND NATURAL	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL!	GAS.
LAND OFFICE		•	" 47 J 385
TRANSPORTER OIL			J.
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Perroleum Componati Address	lon of Texas		
	1 · 1 T - 7(02)		
P. O. Box 752, Bred			
Reason(s) for filing (Check proper bos	•	Other (Please explain)	ting name from White Sand
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go		
Change in Ownership X	Casinghead Gas Conde	nsate Effective August	. 1, .45.),
f change of ownership give name and address of previous owner	White Sands Oil & Gas C	orporation, 516 Commerci	iel Fink Tower, Midland,
	LEACE		
DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease
Maggie Dunn		lmat	State, Federal or Fee Fee
Location	1 2 1 00		1
1 165	South	990	Esst
Unit Letter;10.5	Feet From The South Lin	e and Feet From	The
		26 F	
Line of Section 13 To	wnship 24S Range	36E , NMPM,	County
NEGLON AMION OF THE COME.	MED OF OW AND WATER TO		
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi.	TER OF OIL AND NATURAL GA	Address (Givé address to which appro	and conv of this form to to be sent
Texas-New Mexico Pipe Name of Authorized Transporter of Ca	Line Company	P. O. Box 1510, Midlar Address (Give address to which appro	id. [exas
Name of Authorized Transporter of Ca	or Dry Gas or Dry Gas		· ·
El Paso Natural Gas C		Box 1492, El Paso, Tex	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
give location of tanks.	0 13 24 36	yes	
f this production is commingled wi	ith that from any other lease or pool	give commingling order number:	
	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Resiv. Diff. Resiv.
	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
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Designate Type of Completi-	on $-(X)$ Oil Well Gas Well	New Well Workover Deeper.	
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COMPLETION DATA Designate Type of Completic	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen. Total Depth	P.B.T.D.
COMPLETION DATA Designate Type of Completion Date Spudded Pool	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen. Total Depth	P.B.T.D. Tubing Depth
COMPLETION DATA Designate Type of Completion Date Spudded Pool	on — (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
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Office Manager

September 2, 1965

(Title)

(Date)

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.