NO. OF COPIES RECEIVED			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes		Supersedes Old C-104 and C-110
FILE	AND Effective 1-1-65		Enecite 1-1-02
LAND OFFICE	- AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS	•
OIL			. .
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE	as Company -		
	lantic Richfield Company		
Address		· · · · ·	
P. O. Box 1710	, Hobbs, New Mexico 88240	D	
Reason(s) for filing (Check proper b	, xc	Other (Please explain)	
	Change in Transporter of:	Change in Operator effective: 4-1-79	Name
Recompletion Change in Ownership	Oll Dry Ga Casinghead Gas Conden		
If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		· · ·
. DESCRIPTION OF WELL ANI	A I FASE	•	
Lease Name	Well No. Fool Na		nd of Lease
EL Steeler (GA	HS) WN 3 JAIN	nat lates Gas ste	ate, Federal or Fee Fee
			· Countl
Unit Letter;	60 Feet From The West Lin	e and Feet From The _	South
Line of Section 19 . T	ownship 235 Range	37E , NMPM, LeA	County
	· · · · · · · · · · · · · · · · · · ·	****	
	RTER OF OIL AND NATURAL GA	والمستجمان المشتر ومشرو والمراجع والمتعاري والمتراف الشراب والمتعاد ومتنا المتعاد والمتعاد والمتعاد والمراجع	
Name of Authorized Transporter of C	011 or Condensate	Address (Give address to which approved a	copy of this form is to be sent)
Name of Authorized Transporter of C	Zasinghad Gas 🗍 or Dry Gas 🔀	Address (Give address to which approved a	copy of this form is to be sent)
El PASO NATURAL	GAS COMPANY	P.O. Box 13.84 JAI N.M. Is gas actually connected? When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	+ + + + + + + + + + + + + + + + + + +	yes un	KROWN
If this production is commingled v . COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	· .
	Oil Well Gas Well	New Well Workover Deepen Pl	ug Back Same Res'v. Dilf. Res'v.
Designate Type of Complet	10n - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	B.T.D.
No Change	Name of Producing Formation	Top Oil/Gas Pay Tu	ubing Depth
Perforations		. De	epth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE		
HULE SIZE		DEPTH SET	SACKS CEMENT
		L	
. TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of load oil and i pth or be for full 24 hours)	must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et	c.)
No Change			
Length of Test	Tubing Pressure	Casing Pressure Ct	noke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis. Go	25 - MCF
······			
· · · · · · · · · · · · · · · · · · ·		••••••••••••••••••••••••••••••••••••••	
GAS WELL /			
Actual Ploa. Test-MCP/D	Length of Test	Bbis. Condensate/MMCF Gr	avity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure Ct	noke Size
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATIO	ON COMMISSION
		APR 1	11979
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	
above is true and complete to the best of my knowledge and belief.		BY Juling Jellow	
		TITLE SUPERVISOR DISTRICT	
	1).	0	lionra with and a sea
Derra V. Cicky		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	inature)	well, this form must be accompanied by a tabulation of the deviation	
District Prod. & Drlg		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
(Tiule) 3-8-19		able on new and recompleted wells.	
		-	
3-8		Fill out Sections I, II, III, and well name or number, or transporter, o	I VI only for changes of owner,