NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
FILE		AND TOBBS OFFICE O. C.	. U.
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (JAN 2 41 AM	3A5 ?66
IRANSPORTER GAS	_		7N
OPERATOR			
PRORATION OFFICE			<u> </u>
perator			
Bert Fields Estate			
1181 First Nationa Reason(s) for filing (Check proper bo	1 Bank Building, Dallas,	Texas 75202 Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	Change in pool	designation
Char. je ir. Ownership	Casinghead Gas Conden	sate	
f change of ownership give name			
nd address of previous owner			
DESCRIPTION OF WELL AND Lease Mame	Well No. Pool Nan	ne, Including Formation	Kind of Lease
Raves "B"	1 Scarb	orough Yates Seven Riv	ersate, Federal or Fee Federal
Location	S		
Unit Letter <u>#</u> :;3	30 Feet From The State Line	e andFeet From	The
ne/4			Coun
Line of Section 31 , T	ownship 26 S Range	37 L , NMPM, Le	Coun
	OMED OF OUR AND NATURAL CA	e	
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)
Shell Pipeline Corpor		D 0 Dom 1010 Wed1	and Massa
DUSTI LIDETING COLDAY			ANC. IEXAN.
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	P. O. Box 1910, Midl Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C	Unit Sec. Twp. Rge.	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 31 26 S 37 B with that from any other lease or pool,	Address (Give address to which appr	hen
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L. D. Eaton

Agent

December 20, 1965

(Signature)

(Title)

(Date)

TITLE .

allow-

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 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.