-	NO. OF COPIES RECEIVED					
	DISTRIBUTIO					
ì	SANTA FE					
į	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS	1			
I.	OPERATOR					
	PRORATION OF					
	Operator					

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	PRORATION OFFICE							
	Address 607 Austin, Le	607 Austin, Levelland, TX. 79336						
i	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:							
	Recompletion 7							
_	If change of ownership give name Imperial-American Energy, Inc.							
ŧ	and address of previous owner							
11.	DESCRIPTION OF WELL AND L Lease Name	Wel. No. Pool Name, Includi		Kind of Lease	Lease No.			
!	Elk State	3 Teague B	linebry	State, Federal or F	ee State			
Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West								
Line of Section 16 Township 23-S Range 37-E , NMPM, Lea County								
H.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL	. GAS					
	Name of Astronomed Transporter of CH Shell Pipeline	X or Condensate	Address (Give adaress		opy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Box 1910 Midland, T. Address (Give address to which approved co		copy of this form is to be sent)			
		El Paso Natural Gas Company Box 1492 El Paso, TX. Unit Sec. Twp. Ege. Is gas actually connected? When						
	If well produces oil of liquids, give location of tanks.	M 16 23-S 3						
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Description is a commingled with that from any other lease or pool, give commingling order number:							
. • .	Designate Type of Completio	g Back Same Resty, Diff. Resty.						
	Date Spuddea	Date Compl. Ready to Prod.	Total Depth	P.1	B.T.D.			
	Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tu	bing Depth			
				De	pth Casing Shee .			
	Periorations							
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN							
	HOLE SIZE	CASING & TOBING SIZE						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test mus able for t	t be after recovery of total vo his depth or be for full 24 hot	lume of load oil and : urs)	nust be equal to or exceed top allow-			
	OHL WELL Date First New Cil Run To Tanks	ow, pump, gas lift, et	c.)					
	Length of Test	Tubing Pressure	Casing Pressure	C	noke Size			
		Cii-Bhia.	Water - Bbls.	 G	18 - MCF			
	Actual Prog. During Test	C BE.S.			,			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Mi	ACF G	avity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in) C	hoke Size			
Ų1	. CERTIFICATE OF COMPLIAN	ICE	OIL		ON COMMISSION			
7 1			APPROVED	JUN 60 10	∫Ö , 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.			given	Or, of by				
	above is true and complete to th	TITLE	Goologist					
	- no S = -	A	This form is	to be filed in com	pliance with RULE 1104.			
	65 /May (Sig)		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