74	DISTRIBUTION SANTA F.C FILE U.S.G.S.	REQUEST	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
1.	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		ANSPORT COLD AND NATURAL G	AS
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oll Dry Go Casinghead Gas Conde	Other (Please expluin) CHENGE IN ADDRATION -	
	If change of ownership give name and address of previous owner			
11.	Lease Name Location Unit Letter I: 193	Well No. Pool Name, Including F 5 JALMAT /ATE		Enst
				County
	Name of Authorized Transporter of Oil TENAS - WEW HE Name of Authorized Transporter of Cas ELPAS O WATURAL If well produces oil or liquids, qive location of tanks.	TER OF OIL AND NATURAL GA or Condensate XICO INCLINE CO. singhead Gas or Dry Gas Unit, Sec. Twp. Rge. 1 25 25 36 th that from any other lease or pool,	Address (Give address to which approve BOX ISTO MID! Address (Give address to which approve TAL IJEU MEX Is gas actually connected? When	AND TEXAS ed copy of this form is to be sent) ICO
	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded .	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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 allow able for this depth or be for full 24 hours) Date First New Cil 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		L	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and r Commission have been complied w above is true end complete to the	egulations of the Oil Conservation /ith and that the information given heat of my knowledge and belief	APPROVED John W.	Kunyan

Geologis

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 completed wells.