Submit 5 Copies Appropriate District Office DISTRICT 1		s and Natural Resources Depar.	Interview 1-1-89 See Testructions
P.O. Box 1980, Hobbs, NM 8824 DISTRICT II P.O. Drawer DD, Antesia, NM 84	OIL CONS	SERVATION DIVISIO P.O. Box 2088	at Battern of Da-
DISTRICT III		, New Mexico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM	REQUEST FOR AL	LOWABLE AND AUTHOR	
Operator		ORT OIL AND NATURAL G	Well API No.
	URCES COMPANY		<u>30-025-11390-00-51</u>
Address Two West Sec		74103	<u> </u>
Reason(s) for Filing (Check prope New Well		Other (Please exp	lain)
Recompletion	Change in Transpor Oil Dry Gas		
Change in Operator KX	Casinghead Gas Conden	me _ Effective 3-1-	-93
change of operator give name ad address of previous operator	Geodyne Operating (Company 320 South Bo	oston Tulsa, OK 74103-3708
I. DESCRIPTION OF W	VELL AND LEASE		
Lease Name	_	me, Including Formation	Kind of Lease No.
Westates Federal	5 Jus	stis Blinebry	Stark Federal of Rec NMLC-032579
Unit LetterE	1730 Feet Fm	m The North Lane and 330	Wost
Ferrise 1	050		Feet From TheUest
Section	Township 255 Range	<u>37E , NMPM, Le</u>	d County
I. DESIGNATION OF	TRANSPORTER OF OIL AND) NATURAL GAS	
ume of Authonized Transporter o	(Oi) or Condensate		hich approved copy of this form is to be sent :
ame of Authorized Transporter of	mporary Abandoned		
None - Well is Te	mporary Abandoned	Address (Give address io wi	tich approved copy of this form is to be sent)
well produces oil or liquids, ve location of tanks.	Unit Sec. Twp.	Rge. 11s gas actually connected?	When ?
		i 37E	ł
uns production is commissied wi	th that from any other leave or most mus		
COMPLETION DAT	th that from any other lease or pool, give	communging order number:	
COMPLETION DATA		s Well New Well Workover	Deepen Plug Back Same Resv Diff Ress
Designate Type of Compl	etion - (X)	is Well New Well Workover	
Designate Type of Compl	etion - (X) Oil Well Ga		Deepen Plug Back Same Resv Diff Resv P.B.T.D.
Designate Type of Compl	etion - (X) Oil Well Ga	is Well New Well Workover	
Designate Type of Compliate Spudded	A Coil Well Ga Etion - (X) I Date Compl. Ready to Prod.	is Well New Well Workover 	P.B.T.D.
Designate Type of Compliants Spudded	A Coil Well Ga Etion - (X) I Date Compl. Ready to Prod.	is Well New Well Workover 	P.B.T.D.
Designate Type of Compliate Spudded levations (DF, RKB, RT, GR, etc.)	A Etion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING	Total Depth Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Designate Type of Compliate Spudded	A Etion - (X) Ga Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
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 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate-Form C-104 must be filed for each pool in multiply completed wells.