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This form shall be submitted by the operator before an initial allowable will be assigned to any completed the order well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-1014 or C-10

. ~		41		().ease)	, NMPM.,				
(TImie)									
			County. Dat	te Spudded	7-28-37	, Date Con	ipietea	d	
Please	indicate lo	cation:	Elevatio	3119	Total De	<sub>pth</sub> 3458	, <b>P</b> .]	B. 3147	
-			Top <b>zi</b> l,	/gas pay 28	52	<b>Pro</b>	d. Form	Yates	
			Casing 1	Perforations:	2852-2892	) #			or
			Depth t	o Casing shoe	of Prod. String				
			Natural	Prod. Test					BOPD
			based or	n	bbls. Oil i	i <b>n</b>	Hrs	••••••	Mins.
			. Test aft	er acid or shot					BOPD
Casing a Size	<b>nd Cementi</b> Feet	n <b>g Record</b> Sax		· · · · · · · · · · · · · · · · · · ·	bbls. Oil i				
-5/8	1380	400			bsolute or				
-1/2	3153	445			Not app				
			Date fir	rst oil run to ta	nks or gas to Tr	ansmission syst	tem:		· · · · · · · · · · · · · · · · · · ·
			Transp	orter taking Oi	l or Gas:El	Paso Nat	tural Ga	as Co.	••-
	rder R	-369 <b>-</b> A	requires	the fill	ng of thi	s form be	ofore a	<b>n</b>	
allov	able w	ill be	granted.	•••••					
	certify th	at the info	mation given	above is true	and complete to	the best of m	y knowledge	e.	
I hereby	<b>D</b> FC	31.1953		, 19	Stanol	ind Oil	y or Operator	"Combana"	•••••
I hereby					n Arana	AL INDA	Mucke	Ion	
roved	_	RVATION	COMMISSIO	ON	Ву:	(Si	gnature)		