	DISTRIBUTION	GAS		
	SANTA FE		CONSERVATION COMM ON	Form C-104 Supersedes Old C-104 and C-1
	FILE		AND	Effective 1-1-65
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
	IRANSPORTER OIL GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	Operator	.	le g	· · · · · · · · · · · · · · · · · · ·
	Address	ent Company of Texas		
	P. O. Box 12 Reason(s) for filing (Check proper bo	058, Amarillo, Tx 79101	Other (Please explain)	
	New Well	Change in Transporter of:	Oner (r leuse explain)	<i>**</i>
	Recompletion	Oil Dry Go	25 🔲	
	Change in Ownership X	Casinghead Gas Conde		
	If change of ownership give name and address of previous owner	Westates Petroleum Co.,	811 W. 7th St., Los Ang	geles, CA 90017
п.	DESCRIPTION OF WELL AND		······································	
	Lease Name	Well No. Pool Name, Including F		
	Carlson A-25	1 Justice G1	/ Side, Peder	Federal A-25
	Unit Letter J : 198	0 Feet From The IIT	ne and <u>1980</u> Feet From	The West
	Line of Section 25 To	wnship 25S Range	37Е , ММРМ,	Lea County
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	A Address (Give address to which appro	ved copy of this form is to be sent)
	Texas New Mexico			
	Texas New Mexico Name of Authorized Transporter of Ca	singhead Gas or Dry Gas XX	Box 1510, Midland, Tx Address (Give address to which appro	ved copy of this form is to be sent)
	<u>El Paso Natural G</u>	as Unit Sec. Twp. Pge.	P. O. Box 1492, E1 Pas Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	t i l		
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	NA
	COMPLETION DATA	-		
	Designate Type of Completi	on - (X)	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 Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
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ĺ				
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow
ī	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Ī	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Qil-Bbla.	Water-Bbla.	Gas-MCF
	Actual Prod. During Test			
I_		<u></u>	<u></u>	
-	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
╞	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1	
VI. (CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
			OIL CONSERVATION COMMISSION	
	Commission have been complied t	regulations of the Oil Conservation with and that the information given	Orig. Signed by	
ì	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	
-				
-				
-	April 21, 1977 (De	nte) .	well name or number, or transpor	ter, or other such change of condition
	12.		Separate Forms C-104 must be filed for each pool in multiply	

RECEIVED