Lecation Unit Letter P 330 Feet From The South ine and 660 Feet From The East Line of Section 24 Township 24-S Range 36-E NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorised Transporter of Oil (S) or Condensate Address /Give address to which approved copy of this form is to be Shell Pipe Line Company None of Authorised Transporter of Casinghead Gas (S) or Dry Gas Address /Give address to which approved copy of this form is to be El Paso Natural Gas Company None of Authorised Transporter of Casinghead Gas (S) or Dry Gas Address /Give address to which approved copy of this form is to be El Paso Natural Gas Company None of Authorised Transporter of Casinghead Gas (S) or Dry Gas Address /Give address to which approved copy of this form is to be El Paso Natural Gas Company None of Authorised Transporter of Casinghead Gas (S) or Dry Gas Address /Give address to which approved copy of this form is to be El Paso Natural Gas Company None of Authorised Transporter of Casinghead Gas (S) or Dry Gas (G) and Company None of Authorised Transporter of Casinghead Casinghead Gas (S) or Dry Gas (G) Sag accutally connected? If well production is commingled with that from any other lease or pool, give commingling order number: R-663 V. COMPLETION DATA Designate Type of Completion – (X) Date Spudded Date Compl. Ready to Prod. Total Depth Perforations Tubing Casing And Cementing Record Tubing Depth Perforations Tubing Casing And Cementing Record Depth Casing Shoe Tubing Casing Size Depth Set Sacks Ceme	9701
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Unit Letter P 330 Feet From The South Line and 660 Feet From The East Line of Section 24 Township 24-S Range 36-E NMPM. Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil S or Condensate Address / Give address to which approved copy of this form is to be Shell Pipe Line Company Box 2648, Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address / Give address to which approved copy of this form is to be Shell Pipe Line Company Box 1492, El Paso, Texas 79978 If well produces oil or liquids, Only the Sec. Twp. Pgc. Is gas actually connected? When give location of tanks. J 24 24S 36E Yes Unknown. If this production is commingled with that from any other Jease or pool, give commingling order number: R-663 COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back Same Restry.	LĈ ^{25• No.} 063965
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OII. WELL able for this depth or be for full 24 hours) Date First New Oil 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	<u> </u>
GAS WELL Actual Brod. Tests-MCF/D. Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
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 (Ehut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	

TITLE _

VI.

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 beat of my knowledge and belief.

(Signature)

District Manager (Title)

JAN -6 1977

(Date)

BY_

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 sllow-able 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