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-	DISTRIBUTION SANTA FE / FILE / /	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 REffective 1-1-65 GAS		
Ì	U.S.G.S.		ISPORT OIL AND NATURAL	GAS		
	LAND OFFICE			00		
	TRANSPORTER GAS			OC7 5 1969		
	OPERATOR 3			4.70 <b>9</b>		
1.	Operator			ARTERIA, OFFICE		
	Robert H. Bir	dwell 🗸		r IGR		
	Address 559 The Main Bldg., Houston, Texas 77002 Reason(s) for filing (Check proper box) Other (Please explain)					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Flease explain)			
	Recompletion	Oil Dry Gas				
	Change in Ownership X	Casinghead Gas Condens	ate			
	If change of ownership give name and address of previous owner	Quasar, Incorporated, P.	O. Box 266, Evansvill	e, Indiana		
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of Le	ase Lease No.		
	Lease Name Turkey Track Sec. 3 Un					
	Location					
	Unit Letter <b>F</b> ; <b>26</b> 3	35 Feet From The North Line	and Feet Fro	m The West		
	Line of Section 3 Taw	nship <b>19</b> Range <b>2</b>	29 , <sub>NMPM</sub> , Edd	y County		
	Line of Section 3 Town		,	<u> </u>		
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Not applicable - water Name of Authorized Transporter of Case	r injection well	Address (Give address to which app	proved copy of this form is to be sent) proved copy of this form is to be sent)		
	Name of Authorized Fransporter of Cas.					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		When		
	COMPLETION DATA		give commingling order number:	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion					
	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		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE					
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter 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 Oil Run To Tanks	Date of Test	1 round manual factors beauting			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
	Rethat Prod. During rest					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
				Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
	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 best of my knowledge and belief.		BY_W.a. Gressett			
	//n n // n n		TITLE	····		
	1/1 / // // soll		This form is to be filed in compliance with RULE 1104.			
	11 Cohort M. Dudwill		If this is a request for allowable for a newly drilled or deepened			
	(Signature) Owner		tests taken on the well in a	CCOLGENCE MICH MOLE (1)		
	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
	October 13, 1969		THIL AND ONLY Sections	I, II, III, and VI for changes of owner, porter, or other such change of condition.		
	(D	ate)	Separate Forms C-104 completed wells.	must be filed for each pool in multiply		

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Form C+194 Supersedes Old C-104 and G-11		NEW MEXICO OLL CONSER	ACTUSIA 1210
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