SANTA FE / / FILE / / L	•	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE OIL /	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
TRANSPORTER GAS / OPERATOR 4				
Operator	0.1.0			
Address	o Of Comp	Phry 211 2	101	
Reason(s) for filing (Check proper box) .	Orher (Please) explain)	wel, Colo 80 × 03	
Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder		P. RR # 15	
If change of ownership give name and address of previous owner		. //		
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
Lone Pine DakotaD.	Unit 3 Lone Tine	Dakota State, Federa		
Unit Letter : 9	980 reet From The WeST Lin	te andFeet FromNMPM.	2 / 1	
÷			- Aully County	
Name of Authorized Transporter of Cal	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oed copy of this form is to be sent;	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro		
: If well produces oil or liquids, e give location of tanks.	Unit Sec. 7 Twp. P.ge.	is gas actually connected? , Wh	10-15-71	
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,			
Designate Type of Completion	on - (X) Gas Well Gas Well	New Well Warkover 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 Oil/Gas Pay	Tubing Depth	
Perforctions			Depth Casing Shoe	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	•			
TEST DATA AND REQUEST FOR WELL. Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow-	
. Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Oil-Bhis.	Water-Bbls.	Gos-MGF 7 9 1 3 2	
Actual Prod. During Test	Oli-bins.	#U(01-25).	CH CON COM	
GAS WELL	,		N. DIST. 3	
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	
CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAR 3 1972	
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.		AFFROVED		
		By Original Signed by Emery C. Arnold		
		TITLESUPERVISOR DIST. #3 •		
S. G. Jan		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(Signature) Oliv		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 allowable on new and recompleted wells.		
The find Club.				
2/31	$\frac{1}{2}$	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.		
(Dafe)		Separate Forms C-104 must be filed for each pool in multiply		