

I.

Reasons for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	None of the Above <input type="checkbox"/> (Describe)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Location <input type="checkbox"/>	Distilled Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name 11. Add to "H"		Well No. 4	Pool Name, Including Formation Oil and Gas Pool	Kind of Lease State, Federal or Free Private
Location Section A : 990 Feet From The North Line and 790 Feet From The East Line Range 31 , Township 24N Range 5W , 100M , 44 45 100 County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Southern Union Gas Company				P.O. Box 1000, Fort Worth, Texas		
How delivered (oil or liquid, gas or steam, etc.)	Unit	Sec.	Trap	Age	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Flow (First Flow) or Run To Tanks	Date of Test		
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Production Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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OIL CON. COM.

DIST. 3

GAS WELL			
Actual Production Test-MCF	Length of Test	Bbls. Condensate/1000	Gravity of Condensate
Testing Method (Spot, back pr.)	Testing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION

APPROVED FEB 26 1965
Original Signed By
BY A. R. KENDRICK

TITLE SECRET

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 listed wells.