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RECEIVED	
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Operator Hess Oil Co.	
Address 1000 Lincoln St., New Haven, Conn. 06510	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☒	Other (Please explain) In January 1970, 1967 and 1968 the College Hill- Litchfield field was recompleted & sealed with gas which contained a mixture of carbon dioxide and hydrogen sulfide gases.
Change in Ownership ☐	
If change of ownership give name and address of previous owner	

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. L. Gofford	9	Oil and Gas	State, Federal or Private	
Location				
Unit Letter		Feet From Top	Line and	Feet From The
A	1420	0	1/2	0
Line of Section	Township	Range	North	County
14	9N	11E	1/2	Washita

Name of Authorized Transporter of Gas ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
114 Petroleum Corp.	Box 114, Tulsa, Okla. 74101					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
114 Petroleum Corp. Gas Co., Inc.	Box 114, Tulsa, Okla. 74101					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	3	11	6N	2E	Yes	9/25/60

COMPLETION DATA

[illegible]

(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 oil bearing)

Date First New Oil Run To Tanks	Date of Test	Processing method (Steam, Pump, Gas Lift, etc.)	
Length of Test	Testing Procedure	Casing Procedure	Casing Size
Actual Prod. During Test	Oil-Base.	Water-Base.	Cement.
			
Card Number	Length of Test	Daily Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MMCF/D	Testing Procedure (Steam-Lift)	Casing Procedure (Steam-Lift)	Casing Size

OIL CONSERVATION COMMISSION
NOV 9 1967

APPROVED _____
Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

[illegible]