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TITLE SUPERVISOR DIST. #3	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, tc.,) Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regroums sion have been complied with	TUBING, CASING, AN CASING & TUBING SIZE RALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Casing & Tubing Pressure Oil-Bbls.	Total Depth Total Depth Top Oli/Gas Pay ND CEMENTING RECORD DEPTH SET DEPTH SET After recovery of total volume in interest or be for full 24 hours) Producing Method (Flow, p) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CON	Deepen Plug Bad P.B.T.D Tabing D Depth Co of load oil and must be ump, gas lift, etc.) Choke Siz Gravity of Choke Siz ISERVATION CO	SACKS CEMENT sequal to or exceed top allower Condensate MMISSION
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Supersedes Old C-104 and C-110 Effective 1- 25

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BY.	Original			

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 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 completed wells.