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Recompletion					
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner	IFASE				
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Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) 0.750" 1824 psig 1823 psig Back Pressure OIL CONSERVATION COMMISSION JUN 6 1968

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.

above 1	s true and complete to the best of my knowledge and believe
	(Signature)
	Area Engineer
	(Title)
	June 4, 1968
	(Date)

SUPERVISOR DIST, #3

19 APPROVED_ By Original Signed by Emery C. Arnold

TITLE .

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.