Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II
P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Condensing or comparing give sums DEKALB Energy Company — 1625 Broadway — Denver, CO 80202 DESCRIPTION OF WELL AND LEASE ADMINISTRATION OF WELL AND LEASE Section 33 Township 27N Range 11W NMPM, San Juan Country List Letter N 1190 Feet From The South Lise and 1450 Feet From The West Lise Section 33 Township 27N Range 11W NMPM, San Juan Country II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Same of Authorized Transporter of Oil Or Condensine Address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1. The Section of Authorized Transporter of Classiphend Gas Or Dry Gas Or Dry	perator						Well API		_		
Address of Plang Check proper few Change in Transporter of Change in Commission Change in Change in Commission Change in		Gas Co	rp.				30	J-045-2497 	გ		
Secretary Fining Check proper box Change in Transporter of Dry Cis Dry Dry Cis Dry	ódress						2.4				
Change in Transporter of Contents Change in Transporter of Contents Change in Transporter of Contents		arkway,	Suite	600 -	- Oklah	oma City, OK 7313	34				
Casinghead Cas Condenses DERALE B Energy Company - 1625 Broadway - Denver, CO 80202 JOSECRIPTION OF WELL AND LEASE Assess Name Well No West Kutz P.C. DESIGNATION OF WELL AND LEASE Todd or 133 24 West Kutz P.C. Section 33 Township 27N Range 11W NoMPM, San Juan Country II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Since of Audionased Transporter of Oil or Condenses Of Audionased Transporter of Oil or Oil	eason(s) for Filing (Check proper box)					Uther (Please explain)					
Casing properties of previous operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation DEKALB Energy Company - 1625 Broadway - Denver, CO 80202 Lase No. 16 Secretary operation Description Descript	lew Well		Change in	•							
Case Company of New Mexico New Name of Authorised Transporter of Casinghead Class New Name of Na	ecompletion		🖰	•	_						
DESCRIPTION OF WELL AND LEASE Lease Name Pederal 33	amile in obermor										
Well No. Pool Name, lacutaling Formation Val Lear N Section 33 Journalis 27N Range 11W NMPM, San Juan County North Authorized Transporter of Chieghead Cas Or Dry Clas Address (Gine address to which approved copy of this form at to be sent) Name of Authorized Transporter of Chieghead Cas Cas Company of New Mexico Val production to (Rigida,	change of operator give name DER	ALB Ene	rgy Co	mpany	- 1625	Broadway - Denve	r, CO 8	30202			
Pederal 33 Pederal 34 Ped	. DESCRIPTION OF WELL	AND LE		,							
Consider N : 1190 Feet From The South Line and 1450 Peet From The West Line Condition Until Letter N : 1190 Feet From The South Line and 1450 Peet From The West Line Condition III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Write of Authorized Transporter of Caseghead Composition of Condensate Address (Gine address to which approved copy of this form is to be sent) Norm of Authorized Transporter of Caseghead Composition of Condensate Norm of Authorized Transporter of Caseghead Composition of Condensate Norm of Authorized Transporter of Caseghead Composition of Condensate Norm of Authorized Transporter of Caseghead Composition Officer Caseghead Composition of Caseghead Composition Officer Caseghead Caseghead Composition Officer Caseghead Cas	Lease Name		1	1		=			-		
Use Letter N 1190 Feet From The South Lice and 1450 Feet From The Mest Lice	Federal 33		24	<u> </u>	West Kı	itz P.C.	XXXX	XXXX	Sr-07	0090	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		•	1190	Feet Fro	om The	South Line and 1450	Feet	From The We	st	Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Varies of Authorized Transporter of Oil or Coodenease Address (Give address to which approved copy of this form as to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes produces of riquids, Unit Sec. Trep. Rgs. is gas study connected? When 7 Yes Produces of transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes produces of transporter of transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes Produces of transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes Produces of transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes Produces of transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form as to be sent) Yes Produces of transporter of Casinghead Gas Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Produces Or Produces Yes Or Produces Or Produces Or Produces Or Pr	20	in 271				0 1	_			County	
Name of Authorized Transporter of Oil or Coodenasse Address (Give address to which approved copy of this form at to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form at to be sent) For each company of New Mexico Gas Company of New Mexico Gas Company of New Mexico The production of riquids, the production of transporter of Casinghead Gas or Dry Gas are sentitly connected? When 97 Yes Total production is commissighed with that from any other lease or pool, give commungling order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Specified Date Compl. Ready to Producing Gas Well Date Specified Date Compl. Ready to Producing Formation Top Oil/Gas Pay Tubing Depth Performations TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Performations TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING CASING AND CEMENTING RECORD TUBING CASING AND CEMENTING RECORD Depth Casing Shoe TUBING CASING AND CEMENTING RECORD OIL VELL (Tast must be after recovery of total volume of load oil and must be regail to or exceed top allowable for this depth or be for full 24 hours.) Date Firm New Oil Run To Task Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Conde Size Oil - Bbls. Gas Well Actual Prod. Test - MCP/D Length of Test Tubing Pressure (Shus-in) Choke Size Oil CONSERVATION DIVISION Date Approved NOV - 2 1992 By Superior Superior Conservation Division have been completed with that the this information gives above to use of and my taxon-wides and belief. Superior Superior Conservation of the Oil Conservation October 16, 1992 (405) 749-1300 Title Superior Superior Conservation Division have been completed with the that is information gives above to use of an one tracent conservation of the Oil Conservation					D NATEL						
Gas Company of New Mexico Twell produces oil or liquids, Unit Sec. Twp. Rge. It gas actually connected? When 7 ve location of unitable. When 2 When 3 Ve S When 3 Ve S When 4 Ve S When 6 When 7 Ve S When 7 Ve COMPLETION DATA Designate Type of Completion - (X) Dute Compl. Ready to Prod. Total Depth When 1 Date Spudded Dute Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded Dute Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded Dute Compl. Ready to Prod. Total Depth P.B.T.D. Tubing	II. DESIGNATION OF TRA. Name of Authorized Transporter of Oil	SPURIT				Address (Give address to which	h approved co	ppy of this form is	to be sen	1)	
Twell produces oil of liquids. When a control of liquids Unit Sec. Twp. Rge. It gas actually connected? When a committee oil of liquids. Unit Sec. Twp. Rge. It gas actually connected? When a committee oil of liquids. When a committee oil of liquids Yes	•										
TUBING, CASING AND CEMENTING RECORD TOTAL SIZE OASING & TUBING S			1 6-4	Two	l Pas		_	erque, mi			
V. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DILL 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:) Dite First New Oil Run To Task Date of Test Tubing Prossure Casing Pressure Concessate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE Interby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information gives above is use and completes to the best of my knowledge and belief. Date Approved NOV - 2 1992 By Supervision District ** Supervis	ive location of tanks.	_i	<u>i</u>	<u>i</u>	<u>i </u>	Yes	1				
Designate Type of Completion - (X) Dit Well Gas Well New Well Workover Deepes Plug Back Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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: Producing Method (Flow, pump, gar life, etc.) Producing Pressure Casing Pressure Choke Size Cas WELL Actual Prod. During Test Oil - Bbis. Water - Bbis. Oil - Conservation Date of Test Date of Test Testing Method (pisos, back pr.) Tubing Pressure (Shut-in) Tobing Pressure (Shut-in) October 16, 1992 October 16, 1992 October 16, 1992 October 16, 1992 Out Office Size Supervision Distract 18 Title SUPERVISOR DISTRICT 18 Title SUPERVISOR DISTRICT 18 DISTRICT 18		t (tom any o	ther lease of	pool, giv	e comming	ing order aumber:					
Date Spadded Date Compl. Ready to Prod. Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Tubing Depth Tubing Depth Tubing Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Date First New Oil Run To Tank Date of Test Leagth of Test Tubing Pressure Casing Pressure Choke Size Water - Bbit. GAS WELL Actual Prod. Test - MCF/D Leagth of Test Tubing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I Devision have been complied with and that the information given above in use and complete to the best of my browkedge and belief. Signature Ronnie K. Irani Vice President Title SUPERVISOR DISTRICT ** SUPERVISOR DISTRICT ** Title SUPERVISOR DISTRICT ** Title SUPERVISOR DISTRICT ** Title SUPERVISOR DISTRICT **		n - (X)	Oil We	11 (Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v	Diff Res'v	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Date Firm New Oil Run To Tank Date of Test Length of Test Length of Test Length of Test Casing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. Test -MCF/D Length of Test Babla. Condensate/MMCF Gravity of Condensate Casing Pressure (Shus-in) Casing Pressure (Shus-in) Cooks Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above it ups and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Title SUPERVISOR DISTRICT 18 SUPERVISOR DISTRICT 18 Title Title SUPERVISOR DISTRICT 18	Date Spudded		npi. Ready	lo Prod.		Total Depth		P.B.T.D.			
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Great 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:) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, sic.) Casing Pressure Choke Size Gas-MCF Gravity of Condensate/MMCF Gravity of Condensate/MMCF Testing Method (pitos, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is tape and complete to the best of my knowledge and belief. Signature Signature October 16, 1992 (405) 749-1300 Title SUPERVISOR DISTRICT \$\$	evations (I)F. RKB. RT. GR. etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth			
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Date First New Oil Rus To Tank Date of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size Gas-MCF Gravity of Condensate Water-Bbls. Gas-MCF Gravity of Condensate U. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is trust and complete to the bet of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 (405) 749-1300 Title SUPERVISOR DISTRICT 13								Denth Casing Sho			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Date First New Oil Rus To Tank Date of Test Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Casing Pressure Choke Size Water - Bbls. Gas-MCF Gravity of Condensate Wile Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is tight and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Tride Title SUPERVISOR DISTRICT 13 Title SUPERVISOR DISTRICT 13	PETICIALIONS										
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of toad oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Rus To Tank Date of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Gas- MCF Gravity of Condensate Gas- MCF Total Prod. Test - MCFD Length of Test Bbls. Condensate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Title SUPERVISOR DISTRICT 13 Title Title SUPERVISOR DISTRICT 13						T)	7			
Date First New Oil Run To Tank Date of Test Date of Test Date of Test Actual Prod. During Test Casing Pressure Choke Size Cho	HOLE SIZE CASING & TU				SIZE	DEPTH SET		SACKS CEMENT			
Date First New Oil Run To Tank Date of Test Date of Test Date of Test Actual Prod. During Test Casing Pressure Choke Size Cho											
Date First New Oil Run To Tank Date of Test Date of Test Date of Test Actual Prod. During Test Casing Pressure Choke Size Cho		_									
Date First New Oil Run To Tank Date of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Actual Prod. During Test Oil - Bbls. Gas- MCF Gravity of Condensate Gravity of Condensate Gravity of Condensate Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is the and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Title October 16, 1992 (405) 749-1300 Title	V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE	oil and musi	be equal to or exceed too allow	vable for this	depih or be for fu	ll 24 hou	rs.)	
Length of Test Tubing Pressure Casing Pressure Choke Size Chok				2 07 1000		Producing Method (Flow, pum	φ, gas lýl, eld		P 9	60 00 0	
Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Onoke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is used and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Title Title Title Title Title Title Title Title Title	Determination on House to Talk	Date of	•••				•			W E	
GAS WELL Actual Prod. Test - MCF/D Length of Test Disc. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 Vice President Title Title Title Title Title Title Title Title Title	Length of Test	Tubing F	Jesenie			Casing Pressure					
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is time and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 (405) 749-1300 Bbls. Condensate/MMCF Gravity of Condensate Bbls. Condensate/MMCF Gravity of Condensate Total Date Approve SUPERVISOR DISTRICT Title Title	Actual Prod. During Test	Oil - Bb	ls.			Water - Bbis.		Gas- MCF	 \ 1	12 IS A	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is time and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 (405) 749-1300 Bbls. Condensate/MMCF Gravity of Condensate Bbls. Condensate/MMCF Gravity of Condensate Total Date Approve SUPERVISOR DISTRICT Title Title	L					<u></u>		-		LIIV.	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 October 16, 1992 Title Title Title Title Title Title Title Title						Ibi. A				<u>a</u>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 Vice President Title Title Title Title Title Title Title	Actual Prod. Test - MCF/D	Length	Length of Test			Hols. Condensate/MMCF					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved NOV - 2.1992 By Signature Ronnie K. Irani Printed Name October 16, 1992 (405) 749-1300 OIL CONSERVATION DIVISION Title Date Approved Title Title Title	Testing Method (pitos, back pr.)	Tubing	Pressure (Si	ut-in)		Casing Pressure (Shut-in)		Choke Size			
Signature Ronnie K. Irani Printed Name October 16, 1992 Vice President Title October 16, 1992 NOV - 21992 By Supervisor district 13	I hereby certify that the rules and re	gulations of (the Oil Con	servation		OIL CON	SERVA	ATION DI	VISIO	DN	
Signature Ronnie K. Irani Printed Name October 16, 1992 Vice President Title October 16, 1992 (405) 749-1300 By SUPERVISOR DISTRICT 13					ve	Date Approved	.	NOV -	2 1992	·	
Signature Ronnie K. Irani Vice President Printed Name October 16, 1992 (405) 749-1300 SUPERVISOR DISTRICT #\$	Janui t.	Iran.	•					· -	s		
Printed Name October 16, 1992 (405) 749-1300 Title Title	Signature			Presi	dent	By	<u></u>		Very		
	Printed Name			Title		Title	ŞUI	rehvisor (DISTR	CT #\$	
• 11											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.