Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

Unit Ros. If well produces oil or liquids. 12

29N 17W Is gas actually connected? No

When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPILANCE

give location of tanks.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

BI	0	
Bud Crane Agent	(Signature)	
12-24-86	(Title)	
	(Date)	

C	DIL CONSERVATION DIVISION of 1986
APPROVED	
BY	Trank June
TITLE	SUPERVISOR DISTRICT IN

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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.