DEPARTME	IITED STATES NT OF THE INTERIOR			.м.	020982)- OD TO!!	DE NAME
GEOL	OGICAL SURVEY		6. IF	INDIA	N, ALLOTTEE	OR TRII	RE NAME
(De not use this form for proposal	AND REPORTS ON	WELLS	7. U	NIT AG	REEMENT NA	ME	
reservoir. Use Form 9–331–C for su	ich proposals.)		8. F/	ARM O	R LEASE NAM	E 🎠	· · · · · · · · · · · · · · · · · · ·
1. oil gas 🛣					WITT		
well gas well	other		9. W	ELL N		- -	÷
2. NAME OF OPERATOR	ODDOD A MT ON		10 F	IFI D O	1-E R WILDCAT N	AMF	<u>- 현대</u> 금발과
SUPRON ENERGY CO			B.		akota	- L	F 0 :
3. ADDRESS OF OPERATOR		ico 87/01			R., M., OR B	LK. ANI	D SURVEY OF
4. LOCATION OF WELL (RE	Farmington, New Mex	Can annan 17	l A	REA	mar I a	į.	원원 1월
helow.)		occ space 17	l		T-29N, R-		
AT SURFACE: 1075	/S; 1075'/E line.		12. C	OUNT	OR PARISH	13. ST Ne	Mexico
AT TOP PROD. INTERVA AT TOTAL DEPTH:							00 € 5 € 1
	Same as above.	OF NOTICE	14. A	PI NO.	프를받	- 5	중합점합니다
16. CHECK APPROPRIATE B REPORT, OR OTHER DA		OF NOTICE,	15 5	I EVAT	IONS (SHOW	DE-KE	DR AND WD
REPORT, OR OTHER DA			15. [5540		Σ1 <u>Σ</u> 1 (Δ.	, , , , , , , , , , , , , , , , , , ,
REQUEST FOR APPROVAL TO	O: SUBSEQUENT RE	PORT OF:	L	7740	<u>₹</u> . € e	<u>"</u>	- n L ,
TEST WATER SHUT-OFF	<u>\alpha</u>	p			3	f Ez	更多的。 10年
FRACTURE TREAT	╡			-	<u> </u>	Ę	원일로
SHOOT OR ACIDIZE L	╡	1 1	- wet	E: Rape	ne results of mu	Itiple cor	n pietion o r zon
PULL OR ALTER CASING	j 🗀	- 1		chân	go on Form 9	130.)	教育有"
MULTIPLE COMPLETE]	·	· . 2	19	೧೧ ಕಿರ್ಮ#2		3
CHANGE ZONES ABANDON*	ㅓ	U. s.	250.	.0.	S EFE	4. 5	
(other)		FAR	GEOLOGI Minarc	CALS	URVER	Īm	
·			-		7.7	GIC ~	The target dates
17. DESCRIBE PROPOSED O	of ctarting any proposed wo	nrk ir Well is di	rrectiona	anv usi	HEU. KIVE SUM	surface	locations and
measured and true vertic	al depths for all markers and	zones pertinen	it to this	work.)*		70/2
1. Spudded 12-1/4	" hole at 8:00 P.M.	7/1/80.					المستقالة المستقالة
_					- 통하하요 통하교육속	Ē	0 5 6 7 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
2. Drilled 12-1/4	" surface hole to t	otal depth	of 2	268 f	t. R.K.B.	<u> </u>	1184 140 140 140 140 140 140 140 140 140 14
_ , , , , .	0.0.5/04 01.00# *	·	. T =		260	+ Šπ2	x ∃
3. Ran 6 joints of	f 8-5/8", 24.00#, K	-55 casing	ζ. 148	maea	80.500.1		Manager Manage
4. Cemented with	200 sacks of class	"B" with 2	% Cal	cium	Chloride		
Plug down at 3	:00 A.M. 7/2/80. 0	ement circ	ulate	ed to	surface.	ž	
	•						
5. Waited on cemer	nt for 12 hours.				ក្រសិត្តិគឺ ១០		and to the second
6. Pressure - tes	ted casing to 800 F	S.I. for	15 mi	nute	s. Held	O.K.	

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct

> TITLE Production Supt. DATE The graph of the g

(This space for Federal or State office use)

DATE TITLE

*See Instructions on Reverse Side

BY.

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

USTE

UNITED STATES

	ڪ c−B⊌dget Bureau No. 42–R1424
	5. LEASE
RIOR	N.M. 020982
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
ON WELLS	7. UNIT AGREEMENT NAME
plug back to a different	
	8. FARM OR LEASE NAME
	WITT
_	9. WELL NO.
	1-E
	10. FIELD OR WILDCAT NAME
	Basin Dakota
Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
ARLY. See space 17	Sec. 33, T-29N, R-11W, N.M.P.M.
Æ line.	12. COUNTY OR PARISH 13. STATE
	1
ove.	San Juan New Mexico
•	San Juan New Mexico 14. API NO.
ove.	San Juan New Mexico
ove.	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
ove. ATURE OF NOTICE,	San Juan Egge New Mexico 14. API NO.
ove.	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
ove. ATURE OF NOTICE,	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
ove. OVE. ATURE OF NOTICE, NT REPORT OF:	San Juan 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR.
ove. OVE. ATURE OF NOTICE, NT REPORT OF:	San Juan 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR.
OVE. OVE. ATURE OF NOTICE, NT REPORT OF:	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR. (NOTE: Report results of inflighte completion or zone change on Form 9-330.)
OVE. OVE. ATURE OF NOTICE, NT REPORT OF:	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR. (NOTE: Report results of inflighted completion or zone change on Form 9-330.)
ove. OVE. ATURE OF NOTICE, NT REPORT OF:	San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR. (NOTE: Report results of inflighted completion or zone change on Form 9-330.)

DEPARTMENT OF THE INTERIOR	N.M. 020982
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas to other	WITT
Well Well Other	9. WELL NO. 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
2. NAME OF OPERATOR SUPRON ENERGY CORPORATION	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. BOX 808, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 33, T-29N, R-11W, N.M.P.M.
T SURFACE: 1075 ft./S; 1075 ft./E line. IT TOP PROD. INTERVAL: Same as above.	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH: Same as above.	14. API NO. = 1 = 1
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT OUT OF A SHUT-OFF	
SHOOT OR ACIDIZE 📙 🗀 .	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 4-1/2" Casing

Drilled 7-7/8" hole with mud to total depth of 6450 ft. R.K.B. Total depth was reached on 7/10/80.

Ran 151 joints of 4-1/2", 10.50#, K-55 casing. Landed at 6441 ft. R.K.B. Float collar at 6396 ft. R.K.B.

Cemented first stage with 280 sacks of 50-50 Pozmix with 2% gel and 10% salt. Cemented second stage with 300 sacks of 50-50 pozmix with 4% gel and 50 sacks of class "B". Cemented third stage with 450 sacks of Howro Lite with 6% gel and 12-1/2# of gilsonite per sack and 150 sacks of class "B" with 2% Calcium Chloride. Plug down at 9:05 A.M. 7/12/80.

Ran temperature survey. Cement top indicated at 200 ft.

Subsurface Safety Valve: Manu. and Type		Set @Ft.
18. I hereby certify that the foregoing is	//// · · ·	중요한 사람들은 그를 통해 되고
SIGNED Kenneth E. Roddy	TITLE Production Supt. DATE	July 21, 1980
	(This space for Federal or State office use)	Section of the sectio
APPROVED BY	TITLE DA	TE TO SHOP STEEL THE
CONDITIONS OF APPROVAL, IF ANY:	NMOcor'	House Prince of the Control of the C

IVIVIUUU

*See Instructions on Reverse Side

CALLEST THE PUT INT BY _____

well

below.)

2. NAME OF OPERATOR

AT TOTAL DEPTH:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT

SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES **ABANDON*** (other)

REPAIR WELL

3. ADDRESS OF OPERATOR

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

other

P.O. Box 808, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

Same as above

AT SURFACE: 1075 Ft./S; 1075 Ft./E line AT TOP PROD. INTERVAL: Same as above

П

gas

well

Supron Energy Corporation

5. LEASE	
NM 020982	
6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
7. UNIT AGREEMENT NA	AME
8. FARM OR LEASE NAM	E
Witt	
9. WELL NO.	
1-E	
10. FIELD OR WILDCAT N	AME
Basin Dakota - F	Sloomfield Chacra
11. SEC., T., R., M., OR B AREA	
Sec. 33, T-29N, F	R-11W, N.M.P.M.
12. COUNTY OR PARISH	13. STATE
San Juan	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW	DF, KDB, AND WD)
5551 R.K.B.	

(NOTE: Report results of mulfiple

change on Form 9-3

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SUBSEQUENT REPORT OF:

We request permission for changes in the original APD.

The Application to Drill was filed and approved as a single Dakota completion. After the logs were run, it was determined that the Chacra zone was productive. We request permission to perforate and frac the Chacra zone. A packer will be run to separate the Dakota and Chacra zones. A string of tubing will be run to the Dakota. The Chacra will be produced through the annulus.

Subsurface Safety Valve: Manu. and Type		Set @	! ——		Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Kenneth E. Roddy TITLE Production Supt.	DATE .	September	26,	1980	
(This space for Federal or State office u	se)				
APPROVED BY TITLE	DATE				
CONDITIONS OF APPROVAL IF ANY: A. P. DOVED Je Soul					
SEP 2 9 1980 Sun Warmly FORDISTRICT ENGINEER					
46voistrict Engineer NMOCO					

TABULATION OF DEVIATION TESTS GALLEGOS CANYON UNIT NO. 195E AMOCO PRODUCTION COMPANY

<u>DEPTH</u>	DEVIATION	P-33,29N-12W
314' 821' 1322' 1820' 2760' 3166' 3666' 4168' 4660' 5167' 5675' 6050' 6210'	1/2 1/2 1/2 1/2 3/4 3/4 1/2 3/4 1/2 3/4 1 1-1/2	
0210	1-3/4	

AFFIDAVIT

THIS IS TO CERTIFY that to the best of my knowledge the bove tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S

Signed Colorda
Title Dist. Adm. Supvr.

THE	STA	TE	OF	NEW	MEXI	CO)	
)	SS.
COUN	ITY	OF	SAN	JU	AN)	

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Dist. Adm.

Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 22nd day of September, 1980.

Notary Public

My Commission Expires: December 28, 1983

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	UH			ı
SANTAFE				ı
FILF				l
U.S.O.S.		i		l
LAND OFFICE		<u> </u>		l
TRANSPORTER	DIL	_		l
	GAB			l
OPERATOR				
PAGEATION OF	IC#	i i	[

October 14, 1980

(Date)

OIL CONSERVATION DIVISION Pr O. BOX 2088

SANTA FE, NEW MEXICO 87501

	F (L F	- ,					
	LAND OFFICE	REQUEST FO	R ALLOWABLE				
	TRANSPURTER OIL GAS	A AUTHORIZATION TO TRANS	AND SPORT OIL AND NATU	RAL GAS			
1.	PAGRATION OFFICE Operator						
	SUPRON ENERGY CORPOR	ATION	· · · · · · · · · · · · · · · · · · ·	 			
	P.O. Box 808, Farmin	gton, New Mexico 87401					
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Pleas	e explain)			
	Recompletion	OII Dry Go	os 🔲				
	Change in Ownership	Casinghead Gas Conde	nsate		*		
	If change of ownership give name and address of previous owner						
П.	DESCRIPTION OF WELL AND	LEASF. Well No. Pool Name, Including F	Tormatton	Kind of Lease	Lease No.		
	Lease Name	Well No. Pool Name, Including F		State, Federal			
	Witt Location				Fact		
-	Unit Letter P : 10	75 Feet From The South Lir	ne and	Feet From T	he <u>East</u>		
	Line of Section 33 Tox	wnship 29 North Range	11 West , NMPM	, San J	Tuan County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oli	or Condensate	Andress (Give dadress		ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas		Address (Give address First Internations M	io.which approved ional Buil	ed copy of this form is to be sent) Iding - Dallas, Texas		
	Southern Union Gathe	Unit Sec. Twp. Rge.	Attention: M. Is gas actually connect				
	If well produces oil or liquids, give location of tanks.		No	l			
יצו	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:			
17.	Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen i	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	7-1-80	10-14-80	6450		6396		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth None		
	5551 R.K.B.	Chacra	2629		Depth Casing Shoe		
	2629 - 2639				6441		
		TUBING, CASING, AND	D CEMENTING RECOR		SACKS CEMENT		
	HOLE SIZE	8-5/8", 24.00#	268		200		
	12-1/4" 7-7/8"	4-1/2", 10.50#	6441		1230 (3 stages)		
		No tubing		 			
			<u> </u>	of land oil a	ind must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours	1)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou), pump, gas lif	s, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	J.	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		GM-NCE UU I 5 1990		
			<u> </u>		CON COM		
	GAS WELL		<u></u>		V DIST 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate		
	2251 Testing Method (pitot, back pr.)	3 hours Tubing Presswe(Shut-in)	Cosing Pressure (Shut	-in)	Choke Size		
	Back pressure		840	 	3/4"		
7.	CERTIFICATE OF COMPLIANCE	CE	OIL C	ONSERVAT	ION DIVISION		
			APPROVED	DEC	<u> 1 1980</u>		
	I hereby certify that the rules and r Division have been complied with		Original Sign	ed by FRANK	T. CHAVEZ		
	Division have been complete with above is true and complete to the	Dest of my knowledge and Deliet.	BY	SUPERVISOR DIS			
		// // ///	13	be filed in c	ompliance with RULE 1104.		
	v n n.aa /	Genneth E. Koddy	11	4 d 11-m	able for a newly drilled or deepened		
	Kenneth E. Roddy (Signa	Hwe)	well, this form mus	t be accompar well in accom	dance with RULE 111.		
	Production Superint	endent /	All sections of this form must be filled out completely for allow-				

shie 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.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REA MIN IAMERELY		,, , ,		
(1 v f fr			
DISTRIBUTE)H			
SANTAFE				
FILF				
U.1.U.1.		l_		1
LAND OFFICE		<u></u> ا		ı
THANSPORTER	OIL	 		l
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAS	!		l
OPERATOR		ــــ	.	Į
PADRATION OF	ICK	L	<u> </u>	L
(metatot				

	SAUTAFE	SANTA FE, NEW	WEXTOO STORY				
	V.S.G.S.			•			
İ	LAND OFFICE	REQUEST FOR					
ı	TRANSPORTER OIL	AN AUTHORIZATION TO TRANSP					
	PADRATOR OFFICE	AUTHORIZATION TO TRANSP	ORT OIL AND THE OWNER OF				
•	Operator						
	SUPRON ENERGY CORPORAT	TION					
	Address	ton New Mexico 87401					
	P.O. Box 808, Farmingt	OH, New MEXICO C. ICL	Other (Please explain)				
	Reason(s) for filing (Check proper box)	Change in Transporter of:					
	New Well	Oil Dry Gas	· 🔲	₩,			
	Recompletion Change in Ownership	Casinghead Gas Condens	ale				
	Change in Owner amp						
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND L	EASE. Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Lease Name	- Palata	State, Federal	or Fee Fed. NM 020982			
	Witt	1-E Basin Dakota					
	Location P . 107	5 Feet From The South Line	and 1075 Feet From Th	East			
	Unit Letter P: 107	5 Feet From the		County			
	Line of Section 33 Town	nship 29 North Range	11 West , NMPM, San Jua	En County			
	Line of Section 33						
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	d copy of this form is to be sent)			
ш.	Name of Authorized Transporter of Oil	or Condensate 🔏	P.O. Box 108, Farmingto.	n, New Mexico 87401			
	plateau. Inc.			Janes of this form is to be sent!			
	Name of Authorized Transporter of Cast	inghead Gas Or Dry Gas 🔀	Address (Give address to which approve First International Bui Attention: Mr. R.J. Mc				
	Southern Union Gather	ring Company	Is gas actually connected? When				
	li well produces oil or liquids,	Om 1000 122W 177W	NO 1				
	l of forks.		give commingling order number:				
	If this production is commingled with	h that from any other lease or poor,		Plug Back Same Res'v. Diff. Res'v.			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Prod Book			
	Designate Type of Completio	n = (X)	XX	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6450	6396			
	7 1-00	10-14-80	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	6105	6040			
	5551 R.K.B.	Dakota	0103	Depth Casing Shoe			
	Perforations			6441			
	6105 - 6262	TURING CASING, AND	CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	8-5/8", 24.00#	268	200 1230 (3 stages)			
	12-1/4" 7-7/8"	4-1/2", 10.50#	6441	1230 (3 Scayes)			
	7-7/8"	2-3/8", EUE, 4.70#	6040	The state of the s			
			1	and must be envaled or extent top allo			
٠,	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	lifter recovery of total volume of load oil i epth or be for full 24 hours)	812			
•	OII WELL.	Date of Test	Producing Method (Flow, pump, gas li)	1, etc.			
	Date First New Oil Run To Tanks	Date of Test		- 100 TONG			
		Tubing Pressure	Casing Pressure	Charles CON. COM.			
	Length of Test			Gas-MEF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.				
	Action 1 to a service						
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test					
	761	3 hours Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	860		3/4"			
	Back Pressure		OIL CONSERVA	TION DIVISION			
V 1	CERTIFICATE OF COMPLIAN	C.E.	UUI 2	L 1980 , 19			
	I hereby certify that the rules and	regulations of the Oil Conservation					
	I hereby certify that the rules and Division have been complied with	and that the information given		I. CHAVEZ			
	above is true and complete to the	e best of my knowledge and belief.	CHOFPVISOR DISTRICT	# 3			
		1.0	TITLE				
		1/ 11- 1/11	This form is to be filed in	compliance with RULE 1104.			
	Kenneth E. Roddy (Sign	Kenneth E. Koddy	If this is a request for allo	wable for a newly drilled or deepen enied by a tabulation of the deviati ordance with RULE 111.			
	Kenneth E. Koduy /	pime)	well, this form must be accompa tests taken on the well in acco	ordance with MULE 111.			
	Production Superint	tendent /	All sections of this form m	ust be filled but completely			
	(1	isle)	able on new and recompleted w	II. III, and VI for changes of own rier, or other such change of conditi			
	October 14, 1980		Fill out only Sections I, II, III, and VI for changes of conditions well name or number, or transporter, or other such change of conditions of the condition				

(Date)

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditional Separate Forms C-104 must be filed for each pool in multipermoleted wells.