•••	DISTRIBUTION ANTA FE ILE S.G.S. AND OFFICE TRANSPORTER GAS OPERATOR FROMATION OFFICE	REFUES	CONSERVATION CON ISION T FOR ALLOWABLE AND RANSPORT OIL AND NATURA	Drm C-104 Supersedes Old C-104 and Effective 1-1-65 L GAS
	Cities Service Company			
; ; ;	ew Well	Change In Transporter of: Oil Dry C Casinghead Gas Cond	Insale CFFective Ju	rerator's nome is
Lf Ar	change of ownership give name	ties Service oil Comp	2011 - P.O. BOX 1919 - A	Id land, Texas 79702
11. D	State BN	LEASE Well No. Dool Name, Including	Formatton Andres Kind of Le	eral or Fee State 09-361
L	Line of Section 14 Tox	waship 105 Range	32E , NMPM,	La County
	MODIL Pipe Lin Tage of Authorized Transporter of Cill Tage of Authorized Transporter of Cis WIGN PHIOLUII well produces off or liquide, ive location of tanks,	e Company singhead Gas X br Dry Gas C 1 CORDURATION Unit Ser. Twr. Bas. K 14 105 32E	Address (Give address to which app BOX 1073 - Mid Address (Give address to which app BOX 67 - MONUM Is pay actually connected?	roved copy of this form is to be sent) 1200, TLX 25 79701 101, NUW MUX 8826 Then
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Syme Re				
Ū	Designate Type of Completio ate Spudded	n — (X) Date Compl. Ready to Prod.	Total Depth	Plug Back Same Hesty, Diff. Rest
T:i	evolutions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Derth
P	erforations			Depth Casing Shee
	· .	TUBING CASING AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load of able for this depth or be for full 24 hours)				
	ite Firet New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas)	ift, etc.)
Le	ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
Ac	tual Prod. During Test	Oll-Bbls,	Water - Bble.	Gan-MCF
 C/	AS WELL			
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tr	oting Mothed (pitat, back pr.)	Tubing Pressure (Shut-in)	Coming Preemure (Shut-in)	Choke Size
VI. CE	RTIFICATE OF COMPLIANC	E		
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. (Signature) <u>Argion Cperations Manager</u> (Title) (Date)			OIL CONSERVATION COMMISSION	
			BY Orig. Signed by Jorry Device	
			TITLE Jerry Series	
			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 allow- able 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. Security Forms C-104 must be filled for each cool in multiply	

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. Securete Forms C-104 must be filed for each coal in multiply



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