STATE OF THE OF THE STATE OF TH		ATION DIVISION	FORM U-104 Revised 10-1-78
Eris y Minut 10M	r. o. no	4	
BANTA FB	SANTA FE, NEV	N MEXICO 87501	
V.6.0.6.			2, ¹⁸ 0, 1805.
LAND OFFICE	REQUEST FO	R ALLOWABLE	O Mar Myr
TRANSPORTER DAS		R ALLOWABLE IND PORT OIL AND NATURAL GAS	
PADRATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL CAS	OIL CONGENIATION DATESON BOOMS
Shanley Oil Company	,		10000
Address			1806
9400 N. Central Exp	pressway, Suite 313, D	Dallas, Texas 75231	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Reason(s) for filing (Check proper box	,	Other (Please explain)	
Now Well	Change in Transporter of:	Change in own	
Change in Ownership XX	Oil Dry Go	= 12-	1-83.
Change in Colorada	Control Control	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If change of ownership give name and address of previous owner	Threshold Development Fort Worth, Texas 70	t Company, Suite II- 6102	A, 777 Taylor St.,
DESCRIPTION OF WELL AND			
Harris "14"	Well No. Pool Name, Including F		
Location	1 South Tanney	yhill-Granite Stote. Feder	Fee J
	O see morth	Wash Gas Pool	
Unit Letter B : 00	0 Feet From The north Lin	Feet From	The east
Line of Section 14 T.	enship 6S Range 3	33Е , мирм,	Roosevelt co
DESIGNATION OF TRANSPORT	OF Condensate (V)	Asciess (Give address to which appro	oved copy of this form is to be sent)
The Permian Corpor			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address		P. O. Box 1183, Hou Address (Give address to which appro	oved copy of this form is to be sent)
Cities Service	b 31	P. O. Box 300, Tuls	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Roe. B 14 6S 33E	yes yes	8-18-72
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completic	on — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth - All	P.B.T.D
Elevations (DF, REB, RT, GR, etc.)	Name of Producting Formation	Top Oil/Gas Pay	Tubing Depth
		A STORY	
Perforations		CL CONSERVATION DI	V Depth Cusing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	 		
			
	1	1	
TEST DATA AND REQUEST FO		fier recovery of socal volume of load oil pih or be for full 24 hours)	and must be equal to or exceed to;
Date First New Oil Run To Tanks	Dote of Test	Producing Method (Flow, pump, gas li	ifi. etc.)
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
Arnual Pred. During Test	OII-Bbis.	Woter-Bbls.	Gas-MCF
GAS WELL		<u> </u>	
Amual Prod. Test-MCF/D	Langth of Test	Bbis. Condensuie/MMCF	Crovity of Condensate
Testing Method (publ. bork pr.)	Tubing Pressure (Ehnt-in)	Cosing Pressure (Sbut-in)	Choke Sixe
CERTIFICATE OF COMPLIANCE	Œ	DIT CONSEBA	DIVISION
APPROVED			
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given APPROVED			
mbove is true and complete to the best of my knowledge and belief.		OIL & GAS INSPECTOR	
		TITLE OIL & GAS II	ADKECIOI.
This form is to be filed in compliance with MULE 1104.			
IUNIUO	pl	1	compliance with MULE 1104.
II II		well, this form must be accompa	nied by a tabulation of the di
Senior Vice President tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely			
shie on new and recompleted wells.			
(Dai	.,)	Fill out only Sections I. Il wall mane or number, or transport	of, or other such Change of co
Separate Forms C-104 must be filed for each pool in r			