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Address (Give address to which 4th & Washington; C Is gas actually connected?	When
<u></u>	<u>6-13-77</u>
New Well Workover Deep	
Total Depth	P.B.T.D.
Tcp Otl/Gas Pay	Tubing Depth
1	Depth Casing Shoe
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fer recovery of total volume of low pth or be for full 24 hours)	ad oil and must be equal to or exceed to
Producing Method (Flow, pump,	gas lift, etc.)
Casing Pressure	Choke Size
Water-Ebla.	Gas-MCF
Bble. Condensate/AMCF	Gravity of Condensate
Coolng Pressure (Shut-in)	Choke Size
DIL CONSEF	RVATION DIVISION
APPROVED JAN 2 0 Original Signed BY Loslie A Cleme Supervisor Distr	ents
This form is to be file If this is a request for well, this form must be acc tests taken on the well in All sections of this fo able on new and recomplet Fill out only Sections well name or number, or tran	I, II, III, and VI for changes of naporter, or other such change of co
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I completed wells.