

Oil and Natural Gas

P. O. Box 2605, Odessa, Texas

Injection well.

Davis Federal	12	High Lonesome Queen	Federal	068577
D	1310	North	1310	West
15	16	29	Eddy	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Transporter	Give address to which approved copies of this form are to be sent
Name of Receiver	Give address to which approved copies of this form are to be sent
If well produces oil	Initially connected? When
Give location of well	

If this product is to be marketed in bulk from any other source, report same commingling order number:

V. COMPLETION DATA				
Designate Type of Completion - (X)	Gas Well	New Well	Workover	Deepen
Date plugged	Time Pump	Ready to Prod.	Total Depth	F.B.T.D.
Elevations (Ht. Rods, Ht. Casing)	Name of Driller	Production	Estimated Gas Pay	Taking Depth
Perforations				Depth Casing Shoe
TUB NO, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & CEMENTING SIZE	DEPTH SET	SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JAN 8 1975	
Signature		BY W. A. Everett	
Agent		TITLE SUPERVISOR, DISTRICT II	
1-4-75		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 1111.	
		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.	

