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(Signature) Regulatory Coordinator (Title) 01-01-87 (Date) (Date) (Signature) (Date) (Signature) (Date) (Signature) (Signature) (This form must be accompanied by a tabulation of the deviation tests taken on the well is accordance with AULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. U. III, and VI for changes of owned well name or number, or transporter or other such change of condition Separate Forms C-104 must be filled for each pool in multiple	Line of Section 23 Township Line of Section 23 Township II. DESIGNATION OF TRANSPORTIN Name of Authorized Transporter of Cill Navajo Refining Co. Pipel Name of Authorized Transporter of Casinghea Phillips Petroleum Company If well produces oil or liquids, Unit pive location of tanks. C this production is commingled with that NOTE: Complete Parts IV and V on re I. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the ten complied with and that the information given	Feet From The SOUTH Life 16S Range ER OF OIL AND NATURAL or Condensate ine Division a Gas or Dry Gas y Sec. Twp. Rge. 24 16S 30E from any other lease or pool. everse side if necessary. A Conservation Division have	and <u>1980</u> <u>30É</u> , NMPM, <u>30É</u> , NMPM, <u>Address (Give address io w</u> <u>Address (Give address io w</u> <u>4001 Penbrook S</u> Is gas actually connected? <u>Yes</u> give commingling order nu <u>OIL CON</u> <u>APPROVED</u> <u>A</u> By <u>Origina</u> <u>Mike</u>	Feet From TheA Eddy which approved copy of , Artesia, NN which approved copy of Street, Odessa when	Lest Count of this form is to be sent) A 88210 of this form is to be sent) A, TX 79762 I-63 f(-1 11)
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