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District III       Salid I F, NeW NEXCO 8 JOUR-JOOS         REQUEST FOR ALLOWABLE AND AUTHORIZATION       Sector         Amarch AL, Asse, NN 8740       TO TRANSPORT OLL AND NATURAL GAS         Marchob Emergy Corporation       WallARNS.         Marchob Emergy Corporation       WallARNS.         Marchob Emergy Corporation       WallARNS.         Marchob Emergy Corporation       WallARNS.         Marchob Emergy Corporation       Charge I Transport of Charge Strength And And Prev Not.         Charge of person       Charge I Transport of Charge Strength And And Prev Not.         Charge of person I in the Charge I Transport of Corbes I Transport of Charge Strength And And Prev Not.       Effortive 8/1/93         Laws New Strength I Internation I Content I Internation I Internati Internati Internation I Internation I Internation I Int	P.O. Box 1980, 110bbs, NM 88240	OIL	CON	SERVA	TION L	FION DIVISION					
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Openal         Will AVE No.           Marbob         P. O. Praver 217, Artesia, RM 88210           Above         Charge (C) por Ation           Assers (In Filling C)         Charge (In Version)           Assers (In Filling C)         Charge (In Version)           Assers (In Filling C)         Charge (In Version)           Assers (In Version)         Charge (In Version)           Barter (In Version)	DI <u>STRICT III</u> 1000 Rio B12206 Rd., Azlec, NM 87410		FORA		LE AND A			0. (°. D.	<b>ve</b> 16	·	
Narbob Energy Corporation       30-015-03072         P. O. Drawer 217, Artbesia, NM 88210         Removal of File (approx 6a)         Change form Lease to Unit         Securition       Other (Prease explain)         New Will       Change form Lease to Unit         Change form Lease to Unit       From: Keely A Factscall #9         Change of operator       Change form Lease to Unit         Change of operator       Change form Lease to Unit         Description of the Direct New Market Schole Form Research       Effective 8/1/93         Lass New       Burch New Market Schole Form Research       Effective 8/1/93         Lass New       Burch New Market Schole Form Research       Eddy         Lass New       Burch New Market Schole Form Research       Eddy         Lass New       Burch New Market Schole Form Research       Eddy         Lass New       Burch New Market Schole Form Research       Eddy       Concern         Lass New       Burch New Schole Form Research       Form Research       Market Australiants       Market Australiants         Lass New       Burch New Schole Form Research       Form Research       Market Austral Pressourch       Market Austral Pressourch         Lass New       Burch New Schole Form Research       Form Research       Market New Pressourch       Market New Pre	I. Operator	тот	RANSF	PORTOIL	AND NA	UHAL GA	Well A	JPI No.			
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IL DESCUIPTION OF WELL AND LEARE       With No. Post Nume, locituding formation       Kind of Lease         Burch Keely Unit       66       Grbg Jackson SR Q Grbg SA       Kind of Lease       Lease No.         Burch Keely Unit       66       Grbg Jackson SR Q Grbg SA       Xind Xindext of RK       Lease No.         Static Lease       1980       Fee Pron The _ F       Line and	Reason(s) for Filing (Check proper box)         New Well         Recompletion         Change in Operator         If change of operator give name	Oil	Dry C	Gas 🔲	Chang From:	e from Le Keely A	ease to A Federa		y'		
Lase Nead       Well No.       Pool Nume, lockading Formalized       Kild of Usars       Lase No.         Bartch Keely Unit       66       Grbg Jackson SR Q Grbg SA       Kild of Usars       Lase No.         Uai Later       E		AND LEADE								· · · · · · · · · · · · · · · · · · ·	
Unit Letter       E       1980       Feet From The       E       Like and       660       Feet From The       Like         Section       24       Township       175       Bases       292       NNFM,       Eddy       Country         HL       DESIGNATION OF TRANSPORTER OF OLL AND NATURAL GAS       Owner Automation Improved Country of the form is to be send)       OWNer Owner Country       P. O. Box 159, Attes1a, NM S2010       P. O. Box 159, Attes1a, NM S2010         Name of Automation Transported Country       OWNer Owner Country       Owner Owner Country       Owner Owner Country         Name of Automation Transported Country       Unit       Sec.       Two:       Owner Owner Country         Name of Automation Country       Unit       Sec.       Two:       Owner Owner Country       With at the term         If well products at the second of the term of poly (in a term of poly (in at the term of poly (in at the term) of the term of poly (in at the term)       Second of the term of the term of poly (in at the term)         If well products (in product of provide term of poly (in at term)       Owner Owner Country       Two:       P. D. T.D.         Designate Type of Country       Oil Well       Ost Well       New Well Workover       Deepea       Plag Back Same Ret V       Dif Ret V         Designate Type of Country (in tered term of poly (in tered term)       Treat	Lease Nause	son SR Q Grbg SA				Leas	e No.				
Sectors 24       Township       //S       Rase 292       (Notify, Contrastruct of Contrastr	Location Unit LetterE	:198	30_ Feet	From The	<u>F</u> Line	and	660 Fo	et From The	W	Line	
Name of Automitied Transporter of Chill or Consideration       or Consideration       Address (Give address to which approved copy of this (orm is to be steril)         Name of Automitied Transporter of Chiliphesia Gas       If With       P. O. Sox 15.9, A. ATC es 1.6, N. M. Schlar         Name of Automitied Transporter of Chiliphesia Gas       If or Days Copy of this (form is to be steril)       Address (Give address to which approved copy of this (form is to be steril)         Name of Automitied Transporter of Chiliphesia Gas       If or Days Copy of this (form is to be steril)       Address (Give address to which approved copy of this (form is to be steril)         Yeed produces oil or liquid, if well is to uninder the steries of pod. (give contantinging order number:       When 7       Train production is commingled with this (from any other less or pod, give containinging order number:         IV. COMPLETION DATA       Oli Well       Cas Well       New Well Wockover       Deepee       Plus Back [Same Res'v Daff Res	Section 24 Township	<u>175</u>	Rang	e29E	, NI	арм,	Eddy	7	<u></u>	County	
Name of Automitied Transporter of Chill or Consideration       or Consideration       Address (Give address to which approved copy of this (orm is to be steril)         Name of Automitied Transporter of Chiliphesia Gas       If With       P. O. Sox 15.9, A. ATC es 1.6, N. M. Schlar         Name of Automitied Transporter of Chiliphesia Gas       If or Days Copy of this (form is to be steril)       Address (Give address to which approved copy of this (form is to be steril)         Name of Automitied Transporter of Chiliphesia Gas       If or Days Copy of this (form is to be steril)       Address (Give address to which approved copy of this (form is to be steril)         Yeed produces oil or liquid, if well is to uninder the steries of pod. (give contantinging order number:       When 7       Train production is commingled with this (from any other less or pod, give containinging order number:         IV. COMPLETION DATA       Oli Well       Cas Well       New Well Wockover       Deepee       Plus Back [Same Res'v Daff Res	III. DESIGNATION OF TRAN	SPORTER OF	OIL A	ND NATU	RAL GAS						
Name of Autoritid Transport of Calinghead Gas       If W       or Dry Gas       Address (Give address to which approval copy of this form is to be served)         OTH       GRN       Grn       GRN       GRN       GRN       GRN       Type Served Long         If We produced to influids,       Unit       See.       Twp.       Rge.       Is gas statulity connected?       When 7         If We produced to influids,       Unit       See.       Twp.       Rge.       Is gas statulity connected?       When 7         If we produced to influids,       Unit       See.       Twp.       Rge.       Is gas statulity connected?       When 7         If his producing is formation any other itess or pool, give comminging order number       TV.       COMPLETION DATA       Deepta       Prug Back [Same Rest V]       Diff Rest V]         Date Spaced       Date Compl. Ready to Prod.       Total Depta       P.B.T.D.       Deepta       Prug Back [Same Rest V]       Diff Rest V]         Date Spaced       Date Compl. Ready to Prod.       Total Depta       P.B.T.D.       Depta       Date Compl. Ready Depta       Depta       Depta       Date Compl. Ready Depta       Date Compl. Ready Depta       Date Compl. Ready De	Name of Authorized Transporter of Oil		ndensate		Address (Give						
Dive because of tasks.	Name of Authorized Transporter of Casinghead Gas T or Dry Gas				Address (Give address to which approved copy of this				n is to be sent)		
IV. COMPLETION DATA         Designate Type of Completion - (X)         Date Speaked         Date Completion - (X)         Date Speaked         Date Speaked         Date Completion - (X)         Date Speaked         Date Completion - (X)         Date Speaked         Date Completion - (X)         Tubing Depth         Producting Teap         Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         Speaker         Teap mate te after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours.)         Date of Test         Date of Test         Depth Test         Casing Pressure         Choke Size         Casing Pressure         Choke Size         Casing Pressure (Shui-la)         Casing Pressure (Shui-la) <t< td=""><td>If well produces oil or liquids, give location of tanks.</td><td colspan="3">Unit Sec. Twp. Rge.</td><td colspan="3">Is gas actually connected? When</td><td colspan="3">2</td></t<>	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actually connected? When			2			
Designate Type of Completion - (X)       Oil Weil       Gas Weil       New Weil       Workover       Desepen       Plug Back [Same Resv       Sint Resv         Date Specified       Date Completion - (X)       Date Completion Producing Portal       Total Depth       P.B.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Ob/GST Pay       Tubing Depth         Perforations       Depth Casing Shoe       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         Interview Construction       Casing A TUBING SIZE       DEPTH SET       SACKS CEMENT         Interview Construction       Casing A TUBING SIZE       Depth SET       Sacks CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Date of Test       Second out and must be equal to or exceed top allowable for thir depth or be for full 24 hours.]         Date First Net OII Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.]         Leegth of Test       Tubing Pressure       Casing Pressure       Choke Size         GAS WELL       Casing Pressure (Slout-in)       Choke Size       Casing Pressure (Slout-in)       Choke Size         VI. OPERATOR CERTIFIC		iom any other leas	e or pool, g	give comuningl	ing order numb	жг:					
Date Speakled     Date Compil: Ready to Produ     Total Depth     P.B.T.D.       Elevations (DF, RKB, RT, GR, etc.)     Name of Producing Formation     Top Ol/Date Pay     Tubing Depth       Perforation     Depth Casing Shoe     Depth Casing Shoe       TUBING, CASING AND CEMENTING RECORD     Depth Casing Shoe       HOLE SIZE     CASING & TUBING SIZE     DEPTH SET     SACKS CEMENT       HOLE SIZE     CASING & TUBING SIZE     DEPTH SET     SACKS CEMENT       V. TEST DATA AND REQUEST FOR ALLOWABLE     DIL WELL (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.)       Date First New Oil Run To Taak     Date of Test     Producing Method (Flow, pump, gar lift, etc.)       Casing Pressure     Chicke Size     Casing Pressure     Chicke Size       Actual Prod. During Test     Oil - Bbls.     Bile. Codenaster/MMCF     Oravity of Condenaste       Actual Prod. Test - MCFD     Length of Test     Bile. Codenaster/MMCF     Oravity of Condenaste       YL OPERATOR CERTIFICATE OF COMPLIANCE     OIL CONSERVATION DIVISION     Date for 11 1993       Division Alway See compiled with add that to information given above to intervalom from the advert of my hopwledge and begief.     MIKE WILLIAMS       SigeAure     Tubing Pressure     Oil CONSERVATION DIVISION       Division Alway SigeAure     Tubing Alera-3303     By OrigitiNAL			Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	hilf Res'v	
Elevalual (Dr. Akb, Ar, GA, Hor, R.)       Indicat Recording Finite Records         Terforation       Depth Casing Shoe         TUBING, CASING AND CEMENTTING RECORD       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         Second Stream       Sacks CEMENT         Prod LE 0.2       Casing Pressure         Choke Size       Choke Size			dy to Prod.		Total Depth			P.B.T.D.	I		
TUBING, CASING AND CEMENTING RECORD         ACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Super Section of the offer fail of the apph or be for fail 24 hours.)         Date of Test       Producing Method (Flow, pump, gas lif), etc.)         Table First New Oil Run To Tark       Date of Test         Producing Method (Flow, pump, gas lif), etc.)       Choke Size         Casing Pressure       Choke Size         Actual Frod. During Test       Oil - Bbls.         GAS WELL       Condensate/MMCF         Casing Method (pilor, back pr.)       Tubing Pressure (Sliut-in)         Casing Method (pilor, back pr.)       Tubing Pressure (Sliut-in)         Casing Method (pilor, back pr.)       Tubing Pressure (Sliut-in)         Casing Method (pilor, back pr.)       Condensate/MMCF         Casing Pressure       Condensate/MMCF         Casing Pressure	Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Formatio	on	Top Ol/Gas Pay			Tubing Depth			
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         Part ID - 3       Part ID - 3       Part ID - 3       Part ID - 3         V. TEST DATA AND REQUEST FOR ALLOWABLE       Climate offer 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.)       Climate offer 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.)         Leoglin of Test       Tubing Pressure       Casing Pressure       Choke Size         GAS WELL       Oil - Bbis.       Water - Bbis.       Clase - MCP         Gas WELL       Length of Test       Bbis. Condensate/MMCP       Clooke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Dicke Size       Oil CONSERVATION DIVISION         Division have been compiled with ad that the information given above is the oil conservation       Division have been or my knowledge and beief.       Date Approved       AUG 1 2 1993         Signifure       Production       Clerk       Title       SUPERVISOR, DISTRICT 11         Signifure       Telephone No.       Title       SUPERVISOR, DISTRICT 11	Perforations	J						Depth Casing	Shoe		
HOLE SIZE       Ordered Found of Fo								1			
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         Leogth of Test       Tubing Pressure         Actual Prod. During Test       Oil - Bbis.         GAS WELL       Casing Pressure         Actual Prod. Test - MCF/D       Length of Test         Tubing Pressure       Casing Pressure (Shut-in)         Gas WELL       Casing Pressure (Shut-in)         Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is updaff Topples to the beat of my knowledge and base/s       Date Approved         Signifure       Production Clerk       By         Mike WillLIAMS       Title       SUPERVISOR, DISTRICT II         Juse       Telephone No.       Title       SUPERVISOR, DISTRICT II	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			ر متعمد من معر من			
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 10), etc.)       Casing Pressure         Actual Prod. During Test       Oil - Bbls.         GAS WELL       Casing Pressure         Actual Prod. During Test       Oil - Bbls.         GAS WELL       Length of Test         Testing Method (pluor, back pr.)       Tubing Pressure (Shut-in)         Casing Pressure (Shut-in)       Casing Pressure (Shut-in)         Testing Method (pluor, back pr.)       Tubing Pressure (Shut-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       DIL CONSERVATION DIVISION         Invested complete to the best of my knowledge and beief.       OIL CONSERVATION DIVISION         Signature       Production Clerk         Rinoid a Nelson       Production Clerk         Phinge Nama       Tubing         Signature       Production Clerk         Rhould Numa       Tibe         Juate       Telephone No.									-20-9	3	
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 holds?)         Date First New Oil Run To Tank       Date of Test         Leogth of Test       Tubing Pressure         Leogth of Test       Tubing Pressure         Casing Pressure       Choke Size         GAS WELL       Oil - Bbls.         Actual Prod. Test - MCF/D       Length of Test         Bills. Condensate/MMCF       Gravity of Condensate         Casing Pressure (Shut-in)       Choke Size         Issuing Method (picot, back pr.)       Tubing Pressure (Shut-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE Introby certify that the rules and regulations of the Oil Conservation Division have been compiled with ad that the information given above is used to complete to the best of my knowledge and basief.       OIL CONSERVATION DIVISION         Signature Rhonda Nelson       Production Clerk Test       Tube         Privide Num2       1933       748-3303         Date       Telephone No.       Title	······································								_ its name		
Date First New Oil Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Leogth 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         Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Actual Prod. (plot, back pr.)       Tubing Pressure (Shut-in)       Choke Size       Casing Pressure (Shut-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       Division have been complied with and that the information given above is to fast of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is to fast of my knowledge and barief.       By       ORIGINAL SIGNED BY         Minde Avelson       Tube       Tube       Title       SUPERVISOR, DISTRICT 11         Date       Telephone No.       Title       SUPERVISOR, DISTRICT 11	V. TEST DATA AND REQUES OIL WELL (Test must be after r	TFOR ALLO	WABL	E id oil and must	be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 hours.)		
Length of Test       Tubing Pressure       Claing Pressure       Claing Pressure         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Claing Pressure         GAS WELL       Actual Prod. Test - MCI/D       Length of Test       Bbls. Coodensate/MMCF       Claing Pressure         Feeting Method (pirot, back pr.)       Tubing Pressure (Shuit-in)       Casing Pressure (Shuit-in)       Cloke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         Ihereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and batter.       AUG 1 1 1993         Signifure       Production Clark         Rhonda Nelson       Production Clark         Philor Nom2 1993       748-3303         Date       Telephone No.	Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lýt, e	ic.)			
Actual Prod. During Test       Oil - Bbis.       Intel - Dota         GAS WELL       Actual Prod. Test - MCP/D       Length of Test       Bbis. Condensate/MMCF       Gravity of Condensate         Total Prod. Test - MCP/D       Length of Test       Bbis. Condensate/MMCF       Gravity of Condensate         Testing Method (pliot, back pr.)       Tubing Pressure (Shiut-in)       Casing Pressure (Shut-in)       Choke Slize         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       Division have been complied with and that the information given above is useful complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Machan Marchan Clerk       By       ORIGINAL SIGNED BY         Mike Williams       Title       SUPERVISOR, DISTRICT 11         Date       Telephone No.       Telephone No.	Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. Test - MCIVD       Length of Test       Bbis. Condensate/MMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above       AUG 1 1 1993         Signature       Monda Nelson         Rhonda Nelson       Production Clerk         Philed Name       Title         AUG 2 1993       748-3303         Date       Telephone No.	Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
Actual Prod. Test - MCI/D       Length of Yeat         Festing Method (pilor, back pr.)       Tubing Pressure (Shut-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above       Is to complete to the best of my knowledge and beief.         Momda Nelson       Production Clerk         Printed Name       Title         AUG U 2 1993       748-3303         Date       Telephone No.					Bbls. Conden	sale/MMCP		Gravity of Con	idensate	]	
Testing Method (pirot, back pr.)       Tubling Pressure (Situ-Ru)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       Division have been complied with and that the information given above         is to be find complete to the best of my knowledge and belief.       AUG 1: 1993         Signiture       Monda Nelson         Rhonda Nelson       Production Clerk         Pripod Name       Title         AUG 1: 1993       748-3303         Date       Telephone No.	·				· · · · ·						
I hereby certify that the rules and regulations of the Oil Conservation         Division have been complied with and that the information given above         is internal complete to the best of my knowledge and brief.         Signature         Rhonda Nelson         Princel Name         AUE         UE         ORIGINAL SIGNED BY         MIKE WILLIAMS         Title         SUPERVISOR, DISTRICT II					Certific Licentic (2007-00)						
Division have been complied with and that the information given above is useful complete to the best of my knowledge and brief.       AUG 1: 1993         Signature Rhonda Nelson       Production Clerk Title       Date Approved         Mike Williams Title       By         ORIGINAL SIGNED BY Mike Williams Title       SUPERVISOR, DISTRICT II         Date       Telephone No.	VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE			ISERV	ATION D	IVISION	1	
Signature     Production     Clerk       Rhonda     Nelson     Production       Pripied     Name     1993       Title     Title       Date     Telephone No.	Division have been complied with and	that the information	i given abo	, ove	Date Approved AUG 1 1993						
Signature     Production     Clerk       Rhonda     Nelson     Production       Pripied     Name     1993       Title     Title       Date     Telephone No.	YRIm da Mi	10m	/								
Priprod Name     Title     Title       AUG 0 2 1993     748-3303       Date     Telephone No.	Signature	Production	un 01-	ark	ву_	I CHIGINAL SIGNED BY					
		PIOUUCEIC	Title 7 <i>48-3</i> .	303	Title						
	Date	e a nacional de la composición de la c								1. 1. 1. 1. <b>1</b> .	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.



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