

Form C-104
Supersedes OAC C
Effective 1-1-85

USPOCO, Inc.

1. *Introduction*

800 Central, Odessa, Texas 79760

Reasons for filing: not proper box

Other (Please explain)

New Well		Change in Transponder on	
Access, other		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Casinghead

If change of ownership, give name
and address of previous owner: _____

7730 7731 7732 7733 7734 7735 7736 7737 7738 7739 7740 7741 7742 7743 7744 7745 7746 7747 7748 7749 7750 7751 7752 7753 7754 7755 7756 7757 7758 7759 7760 7761 7762 7763 7764 7765 7766 7767 7768 7769 7770 7771 7772 7773 7774 7775 7776 7777 7778 7779 7780 7781 7782 7783 7784 7785 7786 7787 7788 7789 7790 7791 7792 7793 7794 7795 7796 7797 7798 7799 7800 7801 7802 7803 7804 7805 7806 7807 7808 7809 7810 7811 7812 7813 7814 7815 7816 7817 7818 7819 7820 7821 7822 7823 7824 7825 7826 7827 7828 7829 7830 7831 7832 7833 7834 7835 7836 7837 7838 7839 7840 7841 7842 7843 7844 7845 7846 7847 7848 7849 7850 7851 7852 7853 7854 7855 7856 7857 7858 7859 7860 7861 7862 7863 7864 7865 7866 7867 7868 7869 7870 7871 7872 7873 7874 7875 7876 7877 7878 7879 7880 7881 7882 7883 7884 7885 7886 7887 7888 7889 7890 7891 7892 7893 7894 7895 7896 7897 7898 7899 7900 7901 7902 7903 7904 7905 7906 7907 7908 7909 7910 7911 7912 7913 7914 7915 7916 7917 7918 7919 7920 7921 7922 7923 7924 7925 7926 7927 7928 7929 7930 7931 7932 7933 7934 7935 7936 7937 7938 7939 7940 7941 7942 7943 7944 7945 7946 7947 7948 7949 7950 7951 7952 7953 7954 7955 7956 7957 7958 7959 7960 7961 7962 7963 7964 7965 7966 7967 7968 7969 7970 7971 7972 7973 7974 7975 7976 7977 7978 7979 7980 7981 7982 7983 7984 7985 7986 7987 7988 7989 7990 7991 7992 7993 7994 7995 7996 7997 7998 7999 8000

Large Name	Well No.	Pool Name, Including Formation	Kind of Lease	County
Antesia Unit	41	Antesia Green Gravelly ss	State, Federal or Fee State	B 6
Location				
Unit Letter	330	Feet From The	West	
Line and	330	Feet From The	West	
Section	18	Range	21	County

DETERMINATION OF THE INFLUENCE OF OIL AND WATER CONTENTS

Name of Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company, Pipe Line Division				Farmers, New Mexico			
Name of Authorized Transporter of Gasoline Gas ☒ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Corporation				Odessa, Texas			
Is well, produces oil or liquor, give location of well.	Stat.	Sec.	Twp.	Rge.	Is gas actually collected?	When	
		2	19	28	Yes	November, 1967	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Cr. Well	Cal. Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spaced	Date Comp. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (OF, H&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations					Depth Casing Shoe				
HOLE SIZE	WELLBORE DIA.	CASING & TUBING SIZE		DEPTH SET		CUTTING FLUID			

TOTAL DUES AND REQUEST FOR ALLOWABLE (Total dues to be paid monthly of total value of total off and max. be equal to or exceed top allow
GIL : \$_____. Total dues to be paid monthly of total value of total off and max. be equal to or exceed top allow

DATE TESTED	PROCESSING METHOD (Flow, pump, jet, etc.)		
WELL FIRST NEW OR RUN TO TANK	DATE OF TEST		
LENGTH OF TEST	TESTING PROCEDURE	QUALITY PROCEDURE	CHARGE SIZE
ACTUAL PROD. DURING TEST	CHARGE SIZE	ACTUAL PROD.	QUAL. INFO

Actual Prod. Test/MOF/D	Length of Test	Dist. Condensate/MMOF	Gravity of Condensate
Testing Month (YYYY, MM/DD)	Testing Pressure (PSIG-LL)	Sealing Pressure (PSIG-LL)	Order No.

1. CERTIFICATE OF COMPLETION

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.

OIL CONSERVATION COMMISSION

APPROVED: *[Signature]*

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

This form is to be filed in compliance with RULE 1104.

It shall be the duty of the Government for a timely ending of suspended work, which shall be determined by a resolution of the Soviet Government or the State in accordance with Article 17.

the section of this form must be filled out completely for allowance of non-refundable credit.

Population Forms Q-104 must be filed for each pool in multiple completed volumes.