New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator XX Casinghead Oas Condensate If change of operator give name and address of previous operator Arch Petroleum Inc., 777 Taylor St II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Resoler Yates State Well No. Pool Name, Including Formation Unit Letter P .950 Feet From The East Section 21 Township 18S Range 28E .1 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (G Name of Authorized Transporter of Oil X or Condensate Address (G Name of Authorized Transporter of Oil Y or Dry Gas Address (G Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (G Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (G If well produces oil or llquids, give location of tanks, C 28 18 28 If well producti	rces Department DIVISION 504-2088 AUTHORIZAT ATURAL GAS ther (Please explain) ., Suite IIA SA Field SA Field SA Field MAIN, P.O. Tive address to which of ally connected? NO	Well API No. 30 - 015 A, Fort Worth Kind of Lease State Federal or Fee	1991 FICE - 02002 - 0200 -
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HOLE SIZE CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
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TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to Date First New Oil Run To Tank Date of Test Producing	or exceed top allowa Method (Flow, pump,	able for this depth or be p, gas lift, etc.)	for full 24 hours.)
Length of Test Tubing Pressure Casing Pre		Choke Size	Posted ID-3 9-13-91
citual Prod. During Test Oil - Bbls. Water - Bl	bis.	Gas- MCF	Elig OP
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Con	densate/MMCF	Drivity of	Condensaie
esting Method (pliot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	eteure (Shut-la)	Cioke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	OIL CONS	SERVATION Servation	DIVISION 0 1991
Donnel Rystand		LAL SIGNED BY	
Bonnie Husband, Office Manager/Tech.		VILLIAMS VISOR, DISTRIC	T 19
Date Telephone No.			

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.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.