Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico _nergy, Minerals and Natural Resources Departi._..t

RECEIVED

See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

NOV 23 '90

DISTRICT III

Processing Pro	000 Rio Brazos Rd., Aztec, NM 87410	HECOUES I FO	OR ALLOWAB	LE AND A	UTHORIZ	ATION A	C. C. D.	Œ		
Mate and Compared to Person Creek, 8340 Meadow Road, Dallas, 20xns, 7521						GAS ARTESIA, OFFICE Well API No.				
Suite 158 Pecan Creek, 8340 Meadow Road, Dallary, Toxas 75231 Chapter in Transporter of Company Double (Please explain) Courty Double (Please explain) Chapter in Transporter of Company Double (Please explain) Courty Double (Please explain) Chapter in Transporter of Company Double (Please explain) Courty Double (Please explain) Chapter (Please explain) Ch	Operator Operating Company									
Suite 158 Pecan Creek, 8340 Neadow Road, Dallas, Texas 75231 seew Will Dober (Please proper box) Oil Dy Gos Dober (Please plane) Oil Dy Gos Longe in Transporter of Control		company >								
Other (Pilear espidish) Other (Pilear espidish) Other (Pilear espidish) Other (Pilear espidish) Effective 9/1/90		reek, 8340 Mea	dow Road, Da	llas, Te	xas 7523	1				
Casipphed Gu Ocasiphed Gu Ocasi	Reason(s) for Filing (Check proper box,)		Othe	t (Please expla	n)				
Casinghead Cing Casinghead Cing Condenses	New Well		1 1		Effect	ive 9/1	/90			
CASE NAME Company Part	Recompletion	~ <u>=</u>	, ·							
deficient operation operation DESCRIPTION OF WELL AND LEASE Zease Name	Criscip v 12 C p comme									
Well No. Pool Name. Including Formation A Looks Com 2 Aboks Penn Gss 3000/3000/3000 Substitute Penn Substitute P	change of operator give name and address of previous operator	Torch Oil &	Gas Company,	P. O. E	80x 755,	Hobbs,	NM 8824	1		
Well No. Pool Name. Including Formation A Looks Com 2 Aboks Penn Gss 3000/3000/3000 Substitute Penn Substitute P	T DESCRIPTION OF WELL	L AND LEASE								
Actions Com 2 Actions Pent Indis Section 2 Township 195 Reast Proon The South Line and 990 Feet From The Edgt. Line Section 12 Township 195 Range 26E NMFM, Eddty County	Lease Name		VCMMVE					ease No.		
Unia Letter P : 990 Feet From The SOUTH Line and 990 Feet From The Edit Line Section 12 Township 185 Range 26E NMFM, Edity County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Sume of Authorized Transporter of Oil Or Concessuse X Address (Give address to which approved copy of into form at so be seen)	Atoka Com	2	Gas			TANKAN B 10	VICTOR 101			
Section 12 Township 18S Range 26E NNPM, Eddy County	Location									
Section 12 [Jownship 1655 Mage 2015.] IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS Same of Authorized Transporter of Oil or Coodensate X	Unit Letter P	:990	_ Feet From The _S	South Line	and99	<u>0</u> Fe	et From The	East	Line	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Sinne of Authorized Transporter of Oil or Coedensiae Coedensiae Company	10 m	ata 100	Page 26F	NA	лрм		Eddy		County	
Name of Authorized Transporter of Company Address (Give adulters to which approved copy of this join at 10 of 1841)	Section 12 10Wh	znip 105	Range 2011	, , 111						
Name of Authorized Transporter of Company Address (Give adulters to which approved copy of this join at 10 of 1841)	II. DESIGNATION OF TRA	ANSPORTER OF C	OIL AND NATU	RAL GAS		 			()	
Transvestern Pipeline Company Transv	Name of Authorized Transporter of Oil			Address (Give					eni)	
Transwestern Pipeline Company Twell produces of or liquids, Unit See. Twp. Rge to contend that the volume of the total or security connected? If yet ocation of the that from any other lease or pool, give comminging order number. V. COMPLETION DATA Designate Type of Completion - (X) Designate Type of Completion of Test Tubing Pressure Tubing Pressure Casing Pressure Depth Section Plus depth or be for full 24 hours) Designate Type of Completion of the Oil Conservation Designa	Navajo Refining Company				P. O. Box 159, Artesia, NM 88210					
Sec. Twp. Reg. Is as actually connected? When?			or Dry Gas X	i .					·· · ··	
this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. P.B.T.D. Total Depth P.B.T.D. Total Depth P.B.T.D. P.B.T.D. P.B.T.D. Total Depth P.B.T.D. Total Depth P.B.T.D. P.B.			Two Ros	Is gas actually	_BOX_252] y connected?			<u> </u>		
this production is commingled with that from any other lease or pool, give comminging order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. P.B.T.D. P.B.T.D. P.B.T.D. Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING 8 TUBING SIZE DEPTH SET SACKS CEMENT THAT J.D - 3 12 - 14 - 9.0 Leaf and V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Its at 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 Date of Test Casing Pressure Casing Pressure Choke Size Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have compiled with and that the information given above is true and compiles to the best of my throwledge and belief. Signature Signature Title Title Title Title SUPERVISOR, DISTRICT IF Title Title Title Title December 1 December 1 Program	if well produces on or liquids,	, ,		1 -		i		75		
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth Total Depth P.B.T.D. Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING 8 TUBING SIZE DEPTH SET SACKS CEMENT Light TD - 3 Light TD - 3 Light And To Tank Date of Test Dute First New Oil Run To Tank Date of Test Duting Pressure Casing Pressure Casing Pressure Casing Pressure Choke 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. Signature Signature Signature Signature Signature Title Title Title Title Title Date Of Test Total Depth P.B.T.D. Deephe Casing Presy Depth Casing Shoe Depth Casing Pressure Choke Size OIL CONSERVATION DIVISION Deter Title Date Approved Date Approved Date Approved Date Approved Date Approved Date Approved Title SUPERVISOR, DISTRICT 19		hat from any other lease o	r pool, give comming	ling order num	ber:					
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT First ID-3 12-14-90 Left app V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Itest 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 Length of Test Casing Pressure Choice Size Water - Bblix GAS WELL Actual Prod. Test - MCF/D Length of Test Oil - Bblis. Water - Bblix GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Choice Size Oil CONSERVATION DIVISION Division have been complied with and that the information given above is rue and complete to the best of my knowledge and belief. Signature Left M. Carnes Executive Vice President Title Title Title SUPERVISOR, DISTRICT IF Title	IV. COMPLETION DATA									
Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth P.B.T.D.			ll Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Tubing CASING AND CEMENTING RECORD BEPTH SET Tubing Televations Tubing Size Tubing Size DEPTH SET Producing Method (Flow, pump, gas lift, etc.) Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Gas- MCF Testing Method (pivot, back pr.) Tubing Pressure (Shut-in) Top Oil/Gas Pay Tubing Depth Tubing Depth Tubing Depth Tubing Depth Tubing Shoce DEPTH SET Producing RecORD Depth Casing Shoce DEPTH SET SACKS CEMENT For Jubing Televation July July July July July July July July			- Dad	Total Dardh	<u> </u>	L	ратъ	1		
Perforations TUBING, CASING AND CEMENTING RECORD ACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT LO 3 12 -14-90 LO 3 12 -14-90 LO 3 LO 3 LO 3 LO 3 LO 4 HOUR SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT LO 3 LO 3 LO 3 LO 3 LO 4 LO 5 LO 6 LO 7 LO 7 LO 7 LO 7 LO 7 LO 8 LO 10 -3 LO 10	Date Spudded	Date Compl. Ready	to Prod.	torat Debru			r.s.1.D.			
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Let I D - 3 12 - 14 - 9 d Let app V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Casing Pressure Choke Size Choke Size Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. SIGNAME LEGS M. CARTIES ENECUTIVE VICE PRESIDENT Title Title Title SUPERVISOR, DISTRICT 19 Title Title Title Title Title Title Title SUPERVISOR, DISTRICT 19	Elevations (DF RKR RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas	Pay		Tubing Der	oth		
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT First LO - 3 12 - 14 - 90 Low CASING & TUBING SIZE 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 Tubing Pressure Casing Pressure Choke Size OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Less M. Carnes Executive Vice President Printed Name Title Supervisca, DISTRICT II Title Title Title	Pictoria (NI) Idia) (NI) only only									
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT First LD - 3 12 - 14 - 9 d Law AD V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Casing Pressure Choke Size Choke Size Choke Size GAS WELL Actual Prod. Test - MCF/D Length of Test Bblis. Condensate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. Signature Length of Test OIL CONSERVATION DIVISION DEC 1 0 1990 Date Approved By ORIGINAL SIGNED BY MICE WILLIAM'S SUPERVISOR, DISTRICT 19 Title	Perforations						Depth Casi:	ng Shoe		
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT First LD - 3 12 - 14 - 9 d Law AD V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Casing Pressure Choke Size Choke Size Choke Size GAS WELL Actual Prod. Test - MCF/D Length of Test Bblis. Condensate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. Signature Length of Test OIL CONSERVATION DIVISION DEC 1 0 1990 Date Approved By ORIGINAL SIGNED BY MICE WILLIAM'S SUPERVISOR, DISTRICT 19 Title				CIE) CE) mm	NO DECOR	D				
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 Length of Test Length of Test Length of Test Length of Test Casing Pressure Casing Pressure Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title Title Title Title Title Title								SACKS CEMENT		
DIL 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 Gas-MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. 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 I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test Title Titl	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET						
DIL 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 Gas-MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. 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 I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test Title Titl								12-14-90		
DIL 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 Gas-MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. 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 I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test Title Titl						che as				
DIL 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 Gas-MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. 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 I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test Title Titl										
DIL 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 Gas-MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. 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 I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Length of Test Title Titl	V. TEST DATA AND REQU	JEST FOR ALLOY	VABLE					,	,	
Length of Test Length of Test Actual Prod. During Test Oil - Bbls. Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Les M. Carnes Executive Vice President Printed Name Title	OIL WELL (Test must be aft	ter recovery of total volum	e of load oil and mus	t be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	urs.)	
Length of Test Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Gas- MCF Gas- MCF Gas- MCF Gas- MCF Catual Prod. Test - MCF/D Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Date Approved By ORIGINAL SIGNED BY Signature Supervisor, DISTRICT II Title Title Title Title Title Title Title Title	Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pt	ump, gas tyt,	esC.j			
Actual Prod. During Test Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Gas- MCF Gas- MCF Gravity of Condensate Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Date Approved Date Approved By ORIGINAL SIGNED BY MIKE WILLIAM'S SUPERVISOR, DISTRICT II Title Title Title Title Title Title		m.u. n		Casino Press	ure		Choke Size	;		
Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Dibing Pressure (Shut-in) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Date Approved Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVATION DIVISION DEC 1 0 1990 Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title Title Title Title Title	Length of Test	of lest Tubing Pressure		Capiling Freesure						
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Bull Conservation Dec 1 0 1990 Date Approved By ORIGINAL SIGNED BY MINE WILLIAMS SUPERVISOR, DISTRICT IF Title Title Title Title	Actual Prod. During Test	ual Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF			
Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title Title	Demai i tore raming tour	J., - 2016.								
Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title Title	CAS WELL									
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke 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. Dec 1 0 1990 Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IS Title 11-19-90 806-376-6583	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
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. DEC 1 0 1990								Challe Size		
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. Date Approved By ORIGINAL SIGNED BY Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
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. Date Approved By ORIGINAL SIGNED BY Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title				-\						
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. Date Approved By ORIGINAL SIGNED BY Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title	VI. OPERATOR CERTIF	FICATE OF COM	IPLIANCE			ISEDV	ΆΤΙΩΝΙ	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By ORIGINAL SIGNED BY Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Title Title Title Title Title	I hereby certify that the rules and r	egulations of the Oil Cons	servation			NOEU A			∵ 1 •	
Date Approved Signature Les M. Carnes Executive Vice President Printed Name 11-19-90 806-376-6583 Date Approved By ORIGINAL SIGNED BY SUPERVISOR, DISTRICT II Title Title	Division have been complied with	and that the information g	iven above	_	•		DEC 1	L 0 1990		
Signature Les M. Carnes Executive Vice President Title 11-19-90 SUPERVISOR, DISTRICT IF Title Title	is true and complete to the best of	my knowledge and belief.		Date	e Approve	d				
Signature Les M. Carnes Executive Vice President Title 11-19-90 SUPERVISOR, DISTRICT IF Title Title	ZesM. Carve				ORIGINAL SIGNED BY					
Title SUPERVISOR, DISTRICT IF	Signature			By_	By MIKE WILLIAMS					
Printed Name 11-19-90 806-376-6583 Title	Les M. Carnes	Executive V		<u> </u>	S	UPERVIS	OR, DIST	RICT I		
Talanhara No.	• • • • • • • • • • • • • • • • • • • •	806-376-659		Title)					
Date telephone red, II	11-19-90 Date	<u>000-076-000</u> T	elephone No.	- 11						

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.