

O. C. D.  
ARTESIA, OFFICE

Address

Reason(s) for filing (Check proper box)

Other (Please explain)

**DESCRIPTION OF WELL AND LEASE**

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

### COMPLETION DATA

TUBING, CASING, AND CEMENTING RECORD

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)
		Producing Method (Flow, pump, gas lift, etc.)

## GAS WELL

## 1. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION DIVISION

TITLE \_\_\_\_\_

Separate Form C-104 must be filed for each pool in multiple use wells.

(Signature)

(Title)

8-5-83

(Date)