Signatures Signatures			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
21. J. M.	urthe dr.	τ <b>ι</b>	his in a request for allow	compliance with RULE 1104. Vable for a newly drilled or deepene Vied by a tabulation of the deviation	
above is true and complete to th	e best of my knowledge and bell		SUPERVIS	OR, DISTRICT II	
L 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.			APPROVED		
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION FEB 1 2 1975		
Testing Method (pirot, back pr.)	7-cing Pressure	Casing Fre		Choke Size	
GAS WELL Actual Fred, Test-MCF/D	Length of Cest	Bbis. Conc	ens zie/MMCF	Gravity of Condensate	
CAS WELL					
Actual Free, During Test	C.iBE.s.	vater ~ Pill	3,	Gas-MCF	
_enșth of Vest	Tuping Fressure	:al.;:	95. 10	Choke Size	
ONL WELL the States New Cit Run To Tanks	able of Test	edward or beite	ni 21 hours) 2011 – Flou, pump, gas lif		
	OR ALLOWAELE Test ous b		al volume of locd oil a	ind must be equal to or exceed top allow	
				• • • • • • • • • • • • • • • • • • • •	
HOLE SIZE	TUBING CASING A		DEPTH SET	SACKS CEMENT	
vii filicius				Schin Grand orde	
.evitiona (DF, RKB, RT, GR, etc.	Name the start total	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Tubing Depth Depth Casing Shoe	
Cate Spuined	Date Couple Restly to Mark	. tta. Tey t		P.B.T.D.	
Designate Type of Completio				Flug Back Same Restv. Diff. Restv.	
this production is commingled wit	h that from any other lease : poo	s <b>i, g</b> tak Kastorar			
the provides ciller liquids, the location of tarks.	$\frac{1}{T} \frac{1}{20} \frac{1}{215} \frac{28}{28}$		No in the second states of the second s		
THE PERMIAN CORPO	ATTON A CONTRACTOR	Box LI	89, HEUSTON, 1 Second control approx	EXAS 77001 ad copy of this form is to be sent)	
SIGNATION OF TRANSPORT	New State of the S	1 + 1 + 2 = 10	1	d copy of this form is to be sent)	
	<u>asta. 215 - 118</u>		. 1999 M. E	D D Y County	
	O Same Seuth				
BIG EDDY UNIT	60 Wi	LOCAT- 6	BONE SARINGS	State, Federal or Fee FEE	
LSCRIPTION OF WELL AND I			n	Kine of Lease	
t hange of ownership give name t address of previous owner			<u>.</u> . <u>.</u>		
n je na sverstar	al <u> </u>		ERFS: 6415, 641 159, 6486, 6490) 6 2.E. & EACN DEPTH	7, 6432, 6435, 6451, 6455, 6494 4 6497 - ONE (1) 1.	
Box 2760, Mid Leasen's) for filing (Check proper box)	Norse a constant traint	U	To LOOD BBLS CO	QUEST PERMISSION TO RUN NDENSATE, BONG SPRINGS	
PERRY R. BASS		6. 0 TFICE			
PRORATION OFFICE	a.	المراجع	A1	PI 30-015-22398	
HANSPORTER GAS	FEB	9 1979		SRM 1216	
AND OFFICE	AUTHORIZATION TO TR REC	EIVEI			
ANTA FE		L FOR ALL D		Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION	NEW MEXICS OIL			∋orm C-104	

(Title,	
FEBRUARY Date	8, 1979

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All sections of this form must be filled out completely for allow-able on new and recompleted wells.

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