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GAS WELL Bhis, Coodenagte/MMCF Gravity of Condenagte	agte
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CAOF 1035 4 hrs.	
Toritor Method (nutor back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
Back pr. 2300# 5, 6, 8 and 1	<u>1 10/64"</u>
Back pro	SION
CERTIFICATE OF COMPLIANCE	
SEP 3 1982	19
AFFROVED	
above is true and complete to the best of my knowledge and belief. BY <u>SUPERVISOR</u> , DISTRICT II	
TITLE SUPERVISOR, DISTRICT I	
This form is to be filed in compliance with RUL	ULE 1104.
	drilled or de

Region Operations Manager

April 27, 1982

(Title)

(Date)

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tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multip