Section 8 Township 205 Range 201 NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Pride Companies P.O.BOX 2436, Abilene, Texas 7960 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	ns Page VP
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vel location of tanks. B 8 20S 28E Yes June, 1991	
this production is commingled with that from any other lease or pool, give commingling order number: <u>NO</u> V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Dif	iff Res'v
Designate Type of Completion - (X) X X Date Southed Date Compl. Ready to Prod. Total Depth	»
5/04/91 6/19/91 6330' 6257'	
Strations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth DF 3303', GL 3293' 1st Bone Springs 6038' 5951' Depth Casing Shoe 1st Bone Springs 1st Bone	
Contractions 6038-6131' - 66' - 1 SPF - 73 holes	
TUBING, CASING AND CEMENTING RECORD	<u>г</u>
HOLE SIZE CASING & TOBING SIZE $400'$ 315 ml	10-2
$\frac{12-1/4}{7-7/8"} \qquad \frac{5}{5-1/2"} \qquad 6331' \qquad 1535 \ g-3$	<u>38-9/</u> 4 BK
278 595/	
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 Producing Method (Flow, pump, gas 191, etc.)	
6/20/91 8/10/91 Casing Pressure Choke Size	
Length & FeatPacker16/6424 Hours1100#Packer16/64Actual Prod. During TestOil - Bbls.Water - Bbls.Gas- MCF30881400	
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis. 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 OIL CONSERVATION DIVISION	١
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 AUG 2 7 1991	
Daufor mompron By ORIGINAL SIGNED BY	
Da la transver	

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.

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 filled for each pool in multiply completed wells.