BY DEFINITION OF AREA NOT BEED DIL CONSERT ATTION DIVISION SEP 25 '50 Intermediation of the PLOTE DO 2008 C. D. BY DETINETING AREA NOT BEED Sana Fe, New Mexico 87504-2088 C. D. I TO TRANSPORT OL AND NATURAL CASE Notation of the PLOTE DO 2008 C. D. I WILL Statistication of the PLOTE DO 2008 Sana Fe, New Mexico 87504-2088 C. D. I WILL STATISTICATION TO TRANSPORT OL AND NATURAL CASE Sana Fe, New Mexico 87504-2088 Sana Fe, New Mexico 87504-2088 I WILL STATISTICATION TO TRANSPORT OL AND NATURAL CASE Sana Fe, New Mexico 87504-2088 Sana Fe, New Mexico 87504-2088 I General Total State Care State S	Submit 5 Conce Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		rgy,]	Mineral	State of is and N	New Mexico atural Resources Depart	REC د	EIVED	Form C-1104 Revised 1-1-89 See Instructions
District all back, Asso, NM FAID Sanda Fe, New Maxico 87504-2003 C. D. RECUEST FOR ALLOWABLE AND ANTURAL GAS TOTRANSPORT OIL AND NATURAL GAS Openant TOTRANSPORT OIL AND NATURAL GAS Sanda Fe, New Maxico 87504-2003 Will An Na Sanda Fe, New Maxico 87504-2004 Will An Na New Waxico 87504-2004 Oxier (Press expland) New Waxico 87504-2004 Oxier (Press expland) New Waxico 8750 Oxier (Press expland) New Waxico 8750 Nine 67100 Lones Company Sanda Fe, New Maxico 8750 New And Andrea Margades 610 or by Ox E230 New Antone 9750 Oxier (Press expland) New Antone 9750 Sanda Fe, New Antone 9750 Labora 9750 Oxier (Press expland) New Antone 9750 Sanda Fe, New Antone 9750 Labora 9750 Sanda Fe, New Antone 9750 <td>DISTRICT II</td> <td colspan="4">OIL CONSERVA</td> <td>ATION DIVISIO</td> <td>n sep</td> <td>25 '90</td> <td></td>	DISTRICT II	OIL CONSERVA				ATION DIVISIO	n sep	25 ' 90	
I DECOUST FOR ALLOWABLE AND ANTURAL CAS Copcade TO TRANSPORT OLLAND NATURAL GAS Copcade Will An Na Second to the procession 30-015-26072 New Wold Other in Transport of Concentration 30-015-26072 New Wold Comprise Transport of Concentration 30-015-26072 New Wold Comprise Transport of Concentration 30-015-26072 New Wold Comprise Transport of Concentration Social (Please explain) New Wold Comprise Transport of Concentration New York Locasse Will Note of Note of Concentration New York Locasse Will Note of Note of Concentration New York New York Social 26 Torphylop 23-5 Range 23-5 Social 26 Torphylop 23-5 Range 23-5 Note Social 26, No	DISTRICT III		Sa	inta Fe			• .	с. р.	1
Operation TO TRANSPORT OL AND NATURAL GAS Values Energy Corporation 30-015-26072 Values Energy Corporation 30-015-26072 Values F. O. Box 2223, Rescuit Response of Recomplete Chartin Therport of Control of Filing (Charty ruger bas) Chartin Therport of Recomplete Stind of Laser Recomplete Lase Non- Lase No		410 REQ	UEST F		LOWA	BLE AND AUTHORIZ	ZATION	SIA, OFFICE	
Jates Buergy Corporation / 30-015-26072 Jahres P. D. Rox 2323, Rosshell, NN 68202-2323 Jahres P. D. Rox 2323, Rosshell, NN 68202-2325 Jahres P. J. Rox 2423, Rosshell, NN 68202 Jahres P. J. Statter P. Statter P. South Jahres Jahres P. South Jahres P. South Jahres P. South Jahres P. South Jahres Jahres P. South Jahres P. South Jahres Jahres P. South Jahres Jahres P. South Jahres Ja			TOTRA	ANSPO	ORT O	IL AND NATURAL GA	S		
P. 0. Box 2332, Roswell, NM 88202-2323 Reared for fung Chick proper Audy Charge in Transporter of the processing in the accompletion of personal specific in the constraint of the processing in the accompletion of personal specific in the constraint of the processing in the accompletion of personal specific in the constraint of the personal specific in the personal specific in the constraint of the personal specific in		rporation)
James Die Fung (CALL proper bau) Char in Temporter of Char (Pfease applied) New Weit Char in Temporter of Char (Pfease applied) New Weit Char (Depted See See See See See See See See See S		Roswell,	NM 88	202-2	323			010-2007.	
Incompeting Call Direction Conditioned for the product of the product of the conditionant of the conditis of the condit conditionant of the condit conditionant of the co	Reason(s) for Filing (Check proper be					Other (Please explai	n)		
Change in Operator Change of period Ladings of periods operator Lase Name Ladings of periods operator Lase Name Long of periods operator J. D. PSCREPTION OF WELL AND LEASE. Lase Name Long of periods operator Long of periods operator J. D. PSCREPTION OF WELL AND LEASE. Lase Name Same (Later N = 660) Location Idea (State Name) Unit Later N = 6600 Famous operator County Same of Automate Transport Barge 23-E III. DESIGNATION OF TRANSPORTER: OF OIL AND NATURAL GAS Name of Automate Transport of Counting Company P. O. Box 159, Actractor NM (And to be anal) Name of Automate Transport of Counting Company P. O. Box 1188, Linuary 100, DX 77001 Part of Pendace of a flowade. N 26 (J2-S) (J2-S) (J2-S) (J2-S) Part of Pendace of a flowade with hat from any other laster op pol, give constangling other autometer Vice Constant Pendace of a flowade with hat from any other laster op pol, give constant gling other autometer Part of pendace of a flowade with hat from any other laster op pol, give constant gling other autometer Vice Constant Pendace Other autometer Part of pendace of a flowade of a flowade of a mark other laster of pol, give constand gling other autometer Vice Constant P	Recompletion	Oit	Change in						
Data balance of provide operator I.D. DSCRIPTION OF WELL AND LEASE Lase Name I.D. DSCRIPTION OF VELL AND LEASE Lase Name I.D. Balance Dave Frideral Lase Name I.D. Balance Dave Frideral Locatee Not Later Mail Later N. Social Concession Unit Later N. Mail Later Scalance Mail Later Control Mail Calacter Scalance Mail Calacter Control Mail Calacter Scalance Mail Calacter Control Mail Calacter Mail Calacter Mail Calacter Mail Calacter Mail Calacter Mail Calacter Mail Calacter Mail Calacter Mail Calacter		Casinghe	ad Gas 🗌	•					
Lase Name Viel Na Pool Name, Including Formation Xind of Laser Lose Na Locasses 1 East Hoss Morrow Sade (* Lines) Sade (* Lines) NM-69333 Usit Later N : 660 Feet From The South Late sod 1810 Feet From The Weit Stater NM-69333 Usit Later N : . 660 Feet From The South Eddy Councy IL. DESIGNATION OF TRANSPORTER OF Counters to which approved copy of this form is to be sen; NM-66 (Store salters to which approved copy of this form is to be sen; P. One Doc 15.9, Arreo 5.1, NM-7001 P. P. One Doc 15.9, Arreo 5.1, NM-7001 P. P. P. One Doc 15.9, Arreo 5.1, NM-7001 P.	and address of previous operator			 .					
Long Borne Provide Figure 1 Long Borne Nume Nume Long Borne Nume Nume Long Borne Nume Num Num <td></td> <td>L<mark>L AND L</mark>E</td> <td>Y</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		L <mark>L AND L</mark> E	Y	· · · · · · · · · · · · · · · · · · ·					
Location INN = 660 Peet From The South Line and _1810 Feet From The Kest Line Social 26 Township 23-S Ringe 23-E NMPM Eddy Councy ILD DSIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addres (for which approved copy of the form is the seal) P. O. Box 159, Artesia, NM 88210 Num of Authorized Transport of Counterplant Ca or Dry Cat K23 P. O. Box 1188, Houston, TX 77001 Pressore State To Phip Line Co. Dest (find) None of Authorized form is the seal) Pressore State To Phip Line Co. None of Counterplant Co. Yes Pressore State To Phip Line Co. None of Poil Kest Yes Pressore State To Phip Line Co. None of Poil Kest Yes Pressore State To Phip Line Co. None of Poil Kest Yes Pressore State To Phip Line Co. None of Poil Kest Yes Pressore State To Phip Line Co. None of Poil Kest Yes 4-24-90 IV. CONPLETION DATA Des Counte Keary broke Top OU Cat Fig Yes Des Spaded Dea Counte Keary broke Top OU Cat Fig Yes Pressore State To Phip Kest Dea Counte Keary broke Yes Yes		deral	Well No.	1					
Section 26 Township 23-S Range 23-E NMFM Eddy County III. DSSIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS National Transport of CO or Condensate XXX PLATER (GW addres to which approved copp of this form is to be sen) Nume of Automate Transport of CO or Condensate XXX PLATER (GW addres to which approved copp of this form is to be sen) Pressions of the function User or Dry Gar KXX PLATER (GW addres to which approved copp of this form is to be sen) Pressions of the function User or Dry Gar KXX PLATER (GW addres to which approved copp of this form is to be sen) Pressions of the function User Town of Date KXX PLATER (GW addres to which approved copp of this form is to be sen) Pressions (DV, AKS, RT, GW, etc.) Date Complexition (X) Diff KarV New Vall Weet 7 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Despee Plate E SACKS CEMENT Date Spadded Date Complex dota of the function of the	Location	<u>uerur</u>	<u> </u>		<u>st nes</u>	s Morrow		the contrast of see	NM-69333
Section 26 Township 23-S Range 23-E INMERAL Eddy County Mill DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Of Candenaids Of Candenaids Of Candenaids Of Candenaids Dots 159, Arthresian Not all states in which approved copy of this form is to be seed) Name of Automated Transport of Candenaids OT Day Gas ESS P. O. O. Dox 1198, Annuel State of this depression copy of this form is to be seed) P. O. Dox 1198, Annuel State of this depression copy of this form is to be seed) Pressional of anal User State of the Co. P. O. Dox 1198, Annuel State of this depression copy of this form is to be seed) P. O. Dox 1188, Hourston, TX 77001 Pressional of anal N 26 123-S 123-S 124 P. O. Dox 1189, Annuel State of the State of Pool, State State of	Unit Letter <u>N</u>	: <u>+</u>	660	Feet Fra	m The	South Line and 1810	Fe	ect From TheW	est Line
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Comy Name of Automated Transport of GO of Condenance XXX Name of Automated Transport of Concepted Cat or Day Gits XXX P. 0. Box 1159, Artesia, N. 88210 Pransvester BT Pipel inc Co. P. 0. Box 1188, Houston, TX. 77001 If we produce oil or bound, N. 26 223-5123-5123-5123-5123-5123-5123-5123-5	Section 26 Tow	nship 23-S		Range	23-е	, NMPM.		Eddy	
Nature 1 Original Status Original Status Original Status Name 0 Autorized Transporter of Consigned Gas or Dry Gas K233 P. O. BOX 159, Artensia, NM 88210 Name of Autorized Transporter of Consigned Gas or Dry Gas K233 P. O. BOX 159, Artensia, NM 88210 Transversterm Pipe I fue Co. If well produces on or Shift approvad copy of Ma Jorn in to be seried provide copy of Ma Jorn in to be ready If well produces on or consumption of the max of the seried provide copy of Ma Jorn in to be ready N 226 23-51 2.3-8 Versions of Completion - (X) Diff Well Gas Well New Well Wootover Deepon Designate Type of Completion - (X) Diff Well Gas Well New Well Wootover Deepon Plag Back I Sume Reav Dur Completion Designate Type of Completion - (X) Date of Producing Formation Top Diff Gas Pay Tubing Depin Ervations (DF, RCB, RT, GR, ec.) Name of Producing Formation Top Diff Gas Pay Tubing Depin Productions Due Completion - (X) Diff Cas Not RECORD Sec T: EPH V. TEST DATA AND REQUEST FOR ALLOWABLE Date of Tea Date of Tea Casing Pressure HOLE SIZE CASING A TUBING SIZE DepTH SET Sac T: EPH UL WELL Casing Pressure<	III. DESIGNATION OF TR	ANSPORTE	'D 0F 01) NIATTI			Lddy	County
P. 0. Box 159, Artesia, NM 68210 P. 0. Box 159, Artesia, NM 68210 Transvestern Pipeline Co. P. 0. Box 1188, Houston, TX 77001 Weilpodestern Pipeline Co. P. 0. Box 1188, Houston, TX 77001 Weilpodestern Pipeline Co. P. 0. Box 1188, Houston, TX 77001 Weilpodestern Pipeline Co. P. 0. Box 1188, Houston, TX 77001 Weilpodestern Pipeline Co. P. 0. Box 1188, Houston, TX 77001 Weilpodestern Pipeline Co. Viscourd Carpit Method (pipeline Co. Designate Type of Completion - (X) Date Spadied Date Completion - (X) Date Graph Ready to Prod. Date Spadied Date Graph Ready to Prod. HOLE SIZE CASING & TUBING SIZE MOLE SIZE CASING & TUBING SIZE Die Prin Set DATA AND KEQUEST FOR ALLEOWABLE VI. TEST DATA AND KEQUEST FOR ALLEOWABLE OIL WELL (Test mart by diff recoreery of total volume of load of and mart be equal to or escered	Transporter of O	u ()	or Conden			Address (Give address to which	h approved	copy of this form	is to be sent)
Transvestern Pipeline 0. P. 0. Box 1188, Rouston, TX 77001 If well produce for Huguda, in the from any other lease or pool, give commigning order number: If well produce in the form any other lease or pool, give commigning order number: Yes 4-26-90 I'ven produce in comming of the tax or pool, give commigning order number: Yes 4-26-90 I'ven produce in comming of the tax or pool, give commigning order number: Yes 4-26-90 I'ven produce in comming of the tax or pool, give commigning order number: Yes 4-26-90 I'ven produce in the comming of the tax or pool, give commigning order number: Pentue Pentue Designate Type of Completion - (X) Oil Well Cas Well New Weil Weing Weing Weing Date Spadded Date Completion - (X) Dia Completion of the commigning order number: Pentue Pentue Pentue Date Spadded Date Completion - (X) Dia Weil New Weil Weing Depin Public Grave Pentue Completion - (X) Dia Weil Cas Weil New Weil Pentue Pentue Date Spadded Date Completion - (X) Dia Completion of Completin of Completion of Completin of Completion of C	Name of Authorized Transporter of Ca	any asinghead Gas	·			P. O. Box 159, A	rtesia	, NM 88210	o
just exclusion of lanks. 1 Uming Sec. 4 - 24 - 90 If this production it commingled with that from any other lease or pool, give commungling order number: Yes. 4 - 24 - 90 Designate Type of Completion - (X) Oil Welf Gas Welf New Welf Workover Deepes Plug Back [same Retv. Diff Resv Designate Type of Completion - (X) Date Completion (X) Date Completion (X) Total Dipth Total Dipth Plug Back [same Retv. Diff Resv Designate Type of Completion - (X) Date Completion (X) Date Completion (X) Total Dipth Plug Back [same Retv. Diff Resv Designate Type of Completion - (X) Date Completion (X) Date Completion (X) Total Dipth Plug Back [same Retv. Diff Resv Designate Type of Completion - (X) Date Completion (X) Total Dipth Plug Back [same Retv. Diff Resv Definitional Date Of Poducing Formation Top Diff Case Pay Top Diff Case Pay Top Diff Case Pay V. TEST DATA AND REQUEST FOR ALLOWABLE Total must be after recovery of load volame of load oil and must be equal to or excerel log allowable for this depth or be for full 24 hows.) Date fins New Oil Rue To Tak Date of Test Colds Size Date fins	Transwestern Pipelin		L			1	<i>h approved</i> Houstor	l copy of this form n. TX 770	is to be sent)
If the production is continuing of with that from any other lease or pool give countinging other number: IV. COMPLETION DATA Designate Type of Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Date Spadded Date Completion - (X) IOI Well Gas Well New Well Workover Deepen Plug Back [Same Ret v Diff Retv Plug Back [Same Retv Diff Retv Plug Back	If well produces oil or liquids, give location of tanks.			•		Is gas actually connected?			51
Control LETION DATA Oil Well Case Well New Well Workover Despin Plag Back Same Ret V Diff Ret V Date Spadded Date Compl. Ready to Prod. Total Leptin P.B.T.D. P.B.T.D. Elevations (UF, RKB, RT, GR, ec.) Name of Producing Formation Top OL Gate Pay Tubing Deptin Priorationa Use Compl. Ready to Prod. Top OL Gate Pay Tubing Deptin Priorationa Use Compl. Ready to Prod. Top OL Gate Pay Tubing Deptin Priorationa Use Chaing Store P.B.T.D. Priorationa P.B.T.D. Store Chaing Store Priorationa P.B.T.D. Store Chaing Store P.B.T.D. Priorationa P.B.T.D. Store Chaing Store P.B.T.D. V. TEST DATA AND REQUEST FOR ALLOWABLE DEPTH SET Store Chaing Store P.G.T.S.T.P.A. OIL WELL (Team must be gher recovery of total volume of load oil and must be squal to or second top diver be for full 24 hours.) Priodacing Method (Flow, pump, gar lift, ec.)<	If this production is commingled with t		er lease or p	23-3 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	comming	Jing order number:		4-24-90	
Date Spatial Type of Completion - (X) Table Spatial Depth Program Depth Program Depth Program Depth Program Depth Program Depth <	TV: COMILETION DATA								
Lievations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top OutGit Pay Tubing Depth Performationa TuBING, CASING AND CEMENTING RECORD Lepth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET HOLE SIZE CASING & TUBING SIZE DEPTH SET Y. TEST DATA AND REQUEST FOR ALLOWABLE If 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 Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure (Shut in) Choke Size OIL OF Test Tubing Pressure (Shut in) Casing Pressure (Shut in) Choke Size OIL OONSERVATION DIVISION Date And the information gives above is true and complete to the best of my taowidoge and belict. Shartoon R. Hamilton Taite Pitter Marce Title Shartoon R. Hamilton Taite Pitter Marce Casing Pressure (Shut in)			1	i	as Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v
Performing Tubing Depth Tubing Depth Depth Casing Shoe Tubing CASING A TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET Producting Method For 2 X - 2 X V. TEST DATA AND REQUEST FOR ALLOWABLE DEPTH SET For 2 X - 2 X V. TEST DATA AND REQUEST FOR ALLOWABLE Other of total volume of load oil and must be equal to or exceed top allowable for the depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas life, etc.) Length of Test Ubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbis. Water - Ibbik Gas- MCF GAS WELL Length of Test Ubis. Coudensate/MMICF Condensate/MMICF Casing Pressure Casing Pressure (Shut in) Craing Pressure (Shut in) Craing Pressure (Shut in) VI. OPERATOR CERTIFICATE OF COMPLIANCE is there and regulations of the Oil Conservation Division have been omplied with add but the information gives above is it us and complete to the best of my knowledge and belief. Oil CONSERVATION DIVISION Sharton R. Hamilton Landman Title SUPERVISOR, DISTRICT II MirkE WILLIAMS Title <	Date Spudica	Date Comp	ol. Ready to	Prod.		Total Depth		P.B.T.D.	
Perforations Depti Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT MALE TO - 2. 9 - 2X - F.O. ACM TO - 2. 9 - 2X - F.O. ACM CTO - 2. 9 - 2X - F.O. Add CT To - 2. 9 - 2X - F.O. Add Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"C	Elevations (DF, RKB, RT, GR, etc.)	roducing For	s Formation Top		Top Oil/Gas Pay		Tubing Doub		
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Image: Antiper Control of Case Image: Case of	Perforations								
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Image: Construct of the set set of the set of								Depth Casing Sh	06
SACKS CEMENT Prof. T.D2 Prof. C.T. EPN V. TEST DATA AND REQUEST FOR ALLOWABLE Dite fun New Oil Run To Taik Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Using Pressure Casing Pressure (Shut-in) Choke Size Oil Condensate/NiNCF Gravity of Condensate 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 completed with add that the information given above is true and complete to the best of my knowledge and belic! Signmune Sharon R. Hamilton Landman Thite OPACINAL SIGNED BY Opticlinal SignED BY </td <td>HOLESIZE</td> <td>T</td> <td>UBING, O</td> <td>CASIN</td> <td>G AND</td> <td>CEMENTING RECORD</td> <td></td> <td></td> <td></td>	HOLESIZE	T	UBING, O	CASIN	G AND	CEMENTING RECORD			
9-2X-50 Actual Prod. Test Dite First New Oil Run To Tank Date Approved Signature Signature Signature Signature Signature Signature								SACI	the second data was the second se
Charlen CT: EPM V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of local 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 life, etc.) Choke Size Length of Test Oil - Bbls. Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF GAS WELL Length of Test Bbl6. Condensate/Min(CF Gravity of Condensate Mater - Bbls. Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Bbl6. Condensate/Min(CF Gravity of Condensate Intrody certify that the rules and regulations of the Oil Conservation Oile CONSERVATION DIVISION Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved SEP 2 6 1990 Signature Mile Williams Mile Williams Mile SUPERVISOR, DISTRICT 11 Signature Telephine N Telephine N. Casing Pressure								9-28-90	
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 Fina New Oil Run To Tank Date of Test Dregth of Test Dubing Pressure Actual Prod. Test Oil - Bbls. Oil - Bbls. Water - Bbls. GAS WELL Casing Pressure Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MM/CF Gravity of Condensate Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE Date 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. Oil CONSERVATION DIVISION Signature Sharon R. Hamilton Landman MiKE WILLIAMS Sharon R. Hamilton Landman Title Supervision Telephone No. Supervision No.									
Date First New Oil Run To Tank Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Icating Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE Interview been complete with and bat the information given above is true and complete to the best of my knowledge and belief. Oil CONSERVATION DIVISION Signature Sharon R. Hamilton Landman Title SUPERVISOR, DISTRICT If Signature Use Complete to the best of my knowledge and belief. MiKE WILLIAMS Title SUPERVISOR, DISTRICT If	V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE	•	<u></u>		~	
Length of Teal Tubing Pressure Casing Pressure Choke Size Actual Prod. During Teal Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test Bbls. Condensate/MNICF Gravity of Condensate Itesting Method (pitor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Sharon R. Ham11ton Landman Mike WitLIAMS Printed Name Title SUPERVISOR, DISTRICT II 9/21/90 622-9062 SUPERVISOR, DISTRICT II		Date of Tes	al volume oj L	f load oil	and must	be equal to or exceed top allowa	ble for this	depth or be for fu	ll 24 hours.)
Actual Prod. During Test Oil - Bbls. Claing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Coudensate/MNICF Gravity of Condensate Itesting Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Ihereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Sharon R. Hamilton Landman Signature Title OPERCINAL SIGNED BY Sharon R. Hamilton Landman MiKE WILLIAMS Printed Name Title SUPERVISOR, DISTRICT II 9/21/90 622-9062 Telephone No.	Lenuth of Test						, gus 191, ci	<i>с.</i> ј	
GAS WELL Length of Test Ubis. Coudensate/MNICF Gravity of Condensate feating Method (pitor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Interpressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. OIL CONSERVATION DIVISION Signature Signature Starting Signature Title Date Approved Signature Title SUPERVISOR, DISTRICT 11 9/21/90 622-9062 Title Date Tetephone No. Tetephone No.		Tubing Pres						Choke Size	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Scharon R. Hamilton Landman Mike Williams Printed Name Title SUPERVISOR, DISTRICT If 9/21/90 622-9062 Title Date Telephone No. Title	Actual Prod. During Test	Oil - Bbls.						Gas- MCF	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (picot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Signature Step 2 6 1990 Sharon R. Hamilton Landman Printed Name Title 9/21/90 622-9062 Date SUPERVISOR, DISTRICT If	GAS WELL								
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Signature Signature Sharon R. Hamilton Landman Printed Name Title 9/21/90 622–9062 Date Iterphone No.		Length of T	cst			Bols, Condensate/MANICE		Committee Committee	••
VI. OPERATOR CERTIFICATE OF COMPLIANCE Choice Size I hereby certify that the rules and regulations of the Oil Conservation 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. OIL CONSERVATION DIVISION Signature Signature Date Approved SEP 2 6 1990 Signature By ORIGINAL SIGNED BY Signature Mike WitLIAMS Signature Title 9/21/90 622-9062 Date SUPERVISOR, DISTRICT IN	Partice Marks A.C.		Tubing Pressure (Shut-in)			Contraction and the last		CIAVILY OF CONGENERIE	
Thereby 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 Sharon R. Hamilton Printed Name Title 9/21/90 Date ORIGINAL SIGNED BY Supervision Supervision Supervision Supervision Conservation Supervision Supervision <td>reating Meurou (puor, back pr.)</td> <td>Tubing Pres</td> <td colspan="2">Casing Pressure (Shut-in)</td> <td colspan="2">Choke Size</td>	reating Meurou (puor, back pr.)	Tubing Pres				Casing Pressure (Shut-in)		Choke Size	
Thereby 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 Sharon R. Hamilton Printed Name Title 9/21/90 Date ORIGINAL SIGNED BY Supervision Supervision Supervision Supervision Conservation Supervision Supervision <td>VI. OPERATOR CERTIFIC</td> <td>CATE OF</td> <td>COMPL</td> <td>IANC</td> <td>E</td> <td>(· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td>	VI. OPERATOR CERTIFIC	CATE OF	COMPL	IANC	E	(· · · · · · · · · · · · · · · · · · ·			
Signature Signature Sharon R. Hamilton Landman Printed Name Title 9/21/90 622-9062 Date SUPERVISOR, DISTRICT II	 I hereby certify that the rules and reg Division have been complied with an 	ulations of the C	Dil Conservation diven	tion		OILCONS	ERVA	TION DIV	ISION
Signature Signature By ORIGINAL SIGNED BY Sharon R. Hamilton Landman Mike Williams Printed Name Title SUPERVISOR, DISTRICT II 9/21/90 622-9062 Title Date Telephone No. District II	is true and complete to the best of my	y knowledge and	l belief.	autu VC		Data Approved		CED 9 0 4	non
Bit Landman Printed Name Title 9/21/90 622-9062 Date Telephone No.	K Quark	An	~ 11			Date Approved			500
Interview Landman Printed Name Title 9/21/90 622-9062 Date Telephone No.	Signature Sharon R. Howellt	<u>Lemine</u>	ý.				GINAL S	SIGNED BY	
9/21/90 622-9062 Date IttleSUPERVISOR, DISTRICT II	Printed Name Title					MIKE WILLIAMS			
		6	22-9062	2			CRVISO	M, DISTRICT	11
							ومطالبة كالمرابع المحالية والرابي	and and the second s	

UCTIONS: 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.