	DISTRIBUTION 5	REQUEST	NOISERVATION COMMISSION EDGAWOLLA FOR CAA	Form C-17 Superseded Got C-104 and C-1 Effective 1-1-65
	LAND OFFICE TRANSPORTER GAS	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS Z
I.	PROPATION OFFICE Operator) - / 0		
	Address 1200 / 1 / 1 / 100 Bloke De 1 (1/400 8 120)			
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	FI E LIECTIVE	porters 4-1-74
	If change of ownership give name and address of previous owner			
n.	DESCRIPTION OF WELL AND	LEASE.		
	Lease Name Line Daketa Du Location	well No. Pool Name, Including Fint 22 Lone Pine	Dakota De State, Federal	2000
	Unit Letter T: 19	80 Feet From The South Lir	ne and 1980 Feet From T	he Edst.
	Line of Section 13 Tov	vnship / Range	9 , NMPM, MEK	in ley County
/TT	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil In and Corp. Shall Pipe Line Name of Authorized Transporter of Cas	or Condensate	Address (Give address to which approved to the formal form	ming ton, New Mexica
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n
v.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Eack Same Resty. Diff. Rest			
	Designate Type of Completic	. •	Notice Page 1	January 1988
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Periordions			Depth Cdaind Shoe
		TUBING, CASING, AN		·
• •	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	CON COM	
W	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of the volume of load oil	and must be equal to or exceed top allo
٧.	OIL WELL able for this depth or be to full 24 hoss) Date First New Oil Run To Tanks 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. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	Commission have been complied to	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED APR A 1974 , 19 BY Original Signed by A. R. Kendrick	
			TITLE PETROLEUM ENGINEER DIST. NO. 3	
	Carly Watkins		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation	
	(Sign	arure)	well, this form must be accompational tests taken on the well in accompa	dance with RULE 111.

(Title)

(Date)

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

Fill out 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