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LAND OFFICE		ļ	
TRANSPORTER	OIL	1_/	
	(i A S	1	
OPERATOR		1	
PRORATION OFFICE		<u> </u>	
Constitut			

	TRIBUTION FE	REQUEST FO A	ERVATION COMMISSION R ALLOWABLE ND ROBE OIL AND NATURAL GAS	
U.S.G.S. LAND C TRANSE	PORTER OIL / GAS /	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GA	10
1	TION OFFICE		,	
Address	CO, Inc.		0000	
102	25 Petroleum Clul) for filing (Check proper box)	BuildingDenver, C	O 80202 Other (Please explain)	
New Well Recomple		Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa	te .	
If change	e of ownership give name css of previous owner			
. DESCR	IPTION OF WELL AND L	EASE Lease No. Well No. Pool Name	, Including Formation	Kind of Lease
Lease N	ame	Lease ito.	n Dakota	State, Federal or Fee Federal
Location	700	Feet From The North Line	and 790 Feet From T	The East
Unit	Letter			o Arriba County
	or section 5	Total London		
Name of	f Authorized Transporter of On	Permian (Eff. 9 / 1 /R/)	Address (Give address to which appro-	
Name o	i Authorized Transporter of Cas	Morrisos F:	irst International	<u> Bldg-Dallas, TX 7527(</u>
If well	Company of New produces oil or liquids, cation of tanks.	Unit Sec. Twp. Rge. A 5 26N 7W	Yes	September 8, 1965
V. COMP	LETION DATA	. Oil Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Des Date Si	signate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
ĺ	ions (DF, RKL, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perford				Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		OR ATTOWARTE (Test must be at	ter recovery of total volume of load oi	l and must be equal to or exceed top allou
OIL V	DATA AND REQUEST F VELL First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
Lengt	h of Test	Tubing Pressure	Casing Pressure	Choke Size
Actua	il Prod. During Test	Oii-Bhia.	Water-Bbls.	71976
	WET T			Gravity of Confidence M.
Actua	WELL nl Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3
Test	ing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	
	A. CERTIFICATE OF COMPLIANCE		₩ SF	P 7 1976 19
I here Commabove	eby certify that the rules and mission have been complied a is true and complete to t	regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	Original Dist	EVISOR DIST. #3
	al. S	A. C.	This form is to be filed i	in compliance with RULE 1104.
	Mariat Produ	marie) a Vion Superintendent	well, this form must be account	lowable for a newly united of the deviation of the deviation of the deviation cordance with RULE 111. must be filled out completely for allowable.
		Tile)	All sections of this form able on new and recompleted	wolls.

(Title)

September 1, 1976

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 completed wells.