DISTRIBUTION SANTA FE I SET REQUEST FOR ALLOWABLE Superades Of Effective tells U.S.G.S. AND AUTHORIZATION TO TRANSPORT OIL. AND NATURAL GAS LAND OFFICE OLL I RANSPORTER OLL I RANSPORTER OLL I RANSPORTER OLL I RANSPORTER OLL I REQUEST FOR ALLOWABLE Superades OIL I RANSPORTER OLL I RANSPORTER OLL I RECORDING PRORATION OFFICE Clinton Oil Company Address Other (Please explain) Change in Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Correct Name of Gas Transporter of: OIL Condensate Other (Please explain) Correct Name of Gas Transporter of: OIL Correct Name of Gas Transporter of: OIL Correct Name of Gas Transporter of: OIL Correct Name of Gas Transporter of OIL Correct Name of Line and Other (Please explain) Correct Name of Gas Transporter of OIL Correct Name of Gas Transporter of OIL Correct Name of Other (Please explain) Correct Name of Other (Please explain) Correct Name of Other (Please explain) Correct Name of OIL Correct												
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Name of Authorized Transporter of Oil or Condensate Plateau, Inc. Address (Give address to which approved copy of this form is		Line of Section 1		Tow	mship 27N	Ran	ge 11	.W	, NMP	л, Sa	n Jua	n
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is Plateau, Inc.		TO DO CATALONIA OF THE A	NICIT	ימטנ	CED OF OH A	י פונדית או אי חוש	AT GAS	2				
	11.	Name of Authorized Transpo	rter				II UA	Address	(Give address	to which a	pproved	copy of this form is
				of Cas	inghead Gas	or Dry Gas	X	Address	(Give address	to which a	pproved	copy of this form is

12-13-71

(Date)

orm C+104 upersedes Old C-104 and C-110 ffective 1-1-65

DESCRIPTION OF WELL AND	LEASE			.,		SF			
Lease Name	Well No.	Pool Name, Including Fo	ormation	Kind of Lease		Lease No.			
E. H. Pipkin ,	8X	Basin Dakota		State, Federal	or FeeFederal	078019			
Unit Letter N : 107	O Feet Fro	m The South Line	e and 1610	Feet From T	he West	· .			
Line of Section 1 To	wnship 27N	Range 1	IW , NMPN	и, San J	uan	County			
DESIGNATION OF TRANSPOR	TER OF OIL	AND NATURAL GA	s						
Name of Authorized Transporter of Oil		ondensate 🗶	Address (Give address	to which approv	ed copy of this form is	to be sent)			
Plateau, Inc. Name of Authorized Transporter of Ca	alashand Cas [or Dry Cas W	Address (Give address to which approved copy of this form is to be sent)						
Southern Union Gath			Fidelity Union Tower, Dallas, Texas 75201						
	Unit Sec		Is gas actually connected? When						
If well produces oil or liquids, give location of tanks.			Yes		4-25-61				
If this production is commingled wi						IDIG Date			
Designate Type of Complete	(1/) C	oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. DIII. Hes'v			
Date Spudded	Date Compl. F	Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.				
	İ								
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	acing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations	Perforations				Depth Casing Shoe				
		UBING, CASING, AND	CEMENTING RECO	RD ·					
HOLE SIZE		& TUBING SIZE	DEPTH S		SACKS CE	EMENT			
									
			ļ		<u> </u>				
	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
OIL WELL Date First New Cil Run To Tanks	Date of Test		Producing Method (Flo	·	(i, etc.)	-, -, -, -, -			
Length of Test	Tubing Press	ure	Casing Pressure		Choke Size				
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	1	Gas-MCF				
					<u> </u>				
GAS WELL			<u></u>	1					
Actual Prod. Test-MCF/D	Length of Ter	e t	Bbls. Condensate/MM	OF OIL	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Press	we (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size				
CERTIFICATE OF COMPLIAN	ICE		OIL		TION COMMISSI	ON			
			APPROVED DEG 1 5 1971						
I hereby certify that the rules and Commission have been complied	with and that	the information given	BY Original Signed by Emery 5 troold						
above is true and complete to the	ie best of my	Knowledge and perter.	TITLE SUPERVISOR DIST #3						
)/	1/1		This form is to be filed in compliance with RULE 1104.						
Duano J. J.	(166		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a technistion of the deviation						
Metrict Producti	on Clerk		tests taken on the well in accordance with RUE 2.111. All sections of this form must be fitted not completely for allows the on new and recompleted wells.						
(T	Title)								

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.