		6	
DISTRIBUTION			Ī
SAUTA FE		7	
FILE		\Box	-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	

Line and Feet From The Line and Feet From The Line and Feet From The Line of Section Township 27 Range NMPM, SQN SQN	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203					
Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203 Reston(s) for filing (Check proper box) New Well Change in Transporter of: Oil Dry Gas Condensate H Change of ownership II. DESCRIPTION OF WELL AND LEASE Lease Name HAGDRAVE Township Townshi					
New Well Change in Transporter of: Other (Please explain) From Southern Union Gas Company Change in Ownership Other (Please explain) From Southern Union Gas Company Condensate Other (Please explain) From Southern Union Gas Company Condensate Other (Please explain) From Southern Union Gas Company From Southern Union Gas Company Condensate Other (Please explain) From Southern Union Gas Company From Southern Union Gas Company C					
Change of ownership Casinghead Gas Condensate Effective 8/1/70 If change of ownership give name and address of previous owner Change of ownership give name and address of previous owner Change of ownership give name and address of previous owner Change of ownership give name and address of previous owner Change of State of Casinghead of the continuous of the con	ompany				
II. DESCRIPTION OF WELL AND LEASE Lease Name Lease Name Well No. Pool Name, Including Formation Unit Letter B; Feet From The Line and Feet From The Line of Section Township T					
Lease Name Lease Name Location Location Line of Section Township Range NMPM, San Norman Norman Norman Norman Norman Norman Norman Norman Norman Next Norman Next Ne					
Line of Section	II. DESCRIPTION OF WELL AND LEASE				
Line of Section Township	HARGRAVE A / FULCHER KUTZPC State, Federal or Fee				
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be see Southern Union Cathering Company Fidelity Union Tower Bldg Dallas, Texas If well produces oil or liquids, qive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Despin Casing Shoe Address (Give address to which approved copy of this form is to be see Southern Union Tower Bldg Dallas, Texas If well produces oil or liquids, qive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Perforations Depth Casing Shoe					
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Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Southern Union Gathering Company If well produces pil or liquids, quit Sec. Twp. Rge. Is gas actually connected? When when give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Designate Type of Casing Shoe Depth Casing Shoe					
Southern Union Gathering Company If well produces pil or liquids, qive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe	ent)				
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe					
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Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe	ff. Res'v.				
Perforations Depth Casing Shoe					
TURING CASING AND CEMENTING RECORD					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
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 Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
Length of Test Tubing Pressure Casing Pressure Choke Size	j				
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	1				
GAS WELL Actual Prod. Test-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 COMPLIANCE OIL CONSERVATION COMMISSION	J				
I hereby certify that the rules and regulations of the Oil Conservation APPROVED AUG 31 1970					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST. NO. 3					
TITLE					
If this is a request for allowable for a newly drilled or deepened					
(Signature) G. A. Ford well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Sr. Production Clerk All sections of this form must be filled out completely for allow-					
(Title) able on new and recompleted wells.					
8/28/70 (Date) Fit1 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 fited for each pool in multiply completed wells.					