REQUE J.S.G.S. AND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Speciator R.A. Crane Jr. ddress 604 W. Pinon Farmington, eason(s) for filing (Check proper box) lew Well Change in Transporter of: Oil X Dr.	Other (Please explain, ondensate) On Co. P.O. Box 291 Ing Formation Kind of State, F Line and 585 Feet F 19W NMPM, Sa GAS Address (Give address to which is S. Hwy 163	Carmi, Ill. Lease Lease No. ederal or Fee FED I-89-IN From The W n Juan County
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R.A. Crane Jr. Control Check proper box	Other (Please explain, ondensate) On Co. P.O. Box 291 Ing Formation Kind of State, F Line and 585 Feet F 19W NMPM, Sa GAS Address (Give address to which is S. Hwy 163	Carmi, Ill. Lease Lease No. ederal or Fee FED I-89-IN Trom The W n Juan County approved copy of this form is to be sent)
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well produces oil or liquids, Unit Sec. Twp. Pge.	Address (Give address to which	
well produces oil or liquids,		Moab, Utah approved copy of this form is to be sent)
ive location of tanks.	1	When
this production is commingled with that from any other lease or po	···	
OMPLETION DATA Designate Type of Completion - (X) Gas well	li New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v
ate Spudded Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Compt. Heady to Figu.	rotus Deptin	P.B.T.D.
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth
erforations		Depth Casing Shoe
TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
FST DATA AND REQUEST FOR ALLOWARIE. (Test must)	he after recovery of total volume of los	d oil and must be squal to on average an allow
II. WELL able for this	in depth or be for full 24 hours)	
andth of Test Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test Cil-Bbls.	Water-Sble.	Gas-MCF
AS WELL		
ctual Prod. Test-MCF/D Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
ctual Prod. Test-MCF/D Length of Test esting Method (pitot, back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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able for this attention of Test ength of Test ctual Prod. During Test Ctil-Bbls.	be after recovery of total volume of loads depth or be for full 24 hours) Producing Method (Flow, pump, g) Casing Pressure Water-Bbls.	d oil and must be equal to or exceed top as lift, etc.) Choke Size Gas-MCF

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.