## DISTRIBUTION NTAFE ILE .s.G.s. LAND OFFICE OIL 1 TRANSPORTER OPERATOR PRORATION OFFICE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

| Form C-104 Supersedes Old C-104 and C-1            |
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| Effective 1-1-65                                   |
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| Legse No. Lor FeeFederal SF 078139                 |
| Fast   |
| The East   |
| In County  |
| ed copy of this form is to be sent)                |
| on, NM 87401  oed copy of this form is to be sent) |
| on, NM 87401                                       |
| Approx. 90 days                                    |
| Plug Back   Same Res'v.   Diff. Res'v.             |
| P.B.T.D.<br>4877'                                  |
| Tubing Depth 4801' 0-Depth Casing Shoe             |
| 8- 4920'   |
| SACKS CEMENT 300 SX                                |
| 600 sx<br>300 sx                                   |
| and must be equal to or exceed top allow-          |
| (t, etc.)  |
| Chok Siles   |
| Gas MCF  |
| 1  |
| Gravity of Condensate                              |
| Choke Size   |
| TION COMMISSION                                    |
| , 19   |
| A. R. Kendrick                                     |
|  |

| ELITOTE Gas Com "H"   IA   Blanco Messaverde   Store, Feedral SF   078139   Control Co  | Operator   |                               |   |  |  |
|---|--|-------------------------------|---|--|--|
| Name  | AMOCO PRODUCTION COMPAN  | ſY                            |   |  |  |
| Change in Control for thing offerth representation of the complete of the comp  |  |                               |   |  |  |
| Change of countries   Countr    | 501 Airport Drive Farm   | ington, NM 87401              |   |  |  |
| Change of conversing give name and indicates of previous owners.  Change of conversing give name and indicates of previous owners.  Change of conversing give name and indicates of previous owners.  Test No. Foo. Note. Indicates.  Test Note.  |  |                               | Other (Please explain)  |  |  |
| Conference in Devorating   Congression   Conference   | New Well   | Change in Transporter of:     |   |  |  |
| Change of coverable give name and addies of previous owner.    Continue   Con  | Recompletion   | Oil Dry Ga                    | s   |  |  |
| Designation of presence covers  | Change in Ownership  | Casinghead Gas Conden         | sate  |  |  |
| Linear State   Line    |  |                               |   |  |  |
| Description   Property   Proper    | PROGRAMMON OF WELL AND   | * D. 4 CD                     |   |  |  |
| State   Performance   Perfor    |  |                               | ormation   Kind of Lea  | se Legse No.                                 |  |
| Unit Lating 0 : 1020 Feet From The South Line and 1590 Feet From The East  Unit Lating 0 : 1020 Feet From The South Line and 1590 Feet From The East  Line of Section 26 Township 300 Rome 9W NNEW, San Juan Cann  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Notice of Authorised Transporter of Oil 9 or Continuation (20 Authorised Transporter Oil  | Elliott Gas Com "H"  | 1A Blanco Mesave              | rde State, Fede   | ral or FeeFederal SF 078139                  |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of CUI  |  |                               |   |  |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of CUI  | Unit Letter 0 . 102  | 20 Feet From The South        | e and 1590 Feet From  | East   |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Notes of Authorized Transporter of City Office of Condensions (2)    Packard   Packar  |  |                               |   |  |  |
| Advanced Transported Coll   | Line of Section 26 To  | waship 30N Range              | 9W , <sub>NMPM</sub> , San J  | uan County                                   |  |
| Advanced Transported Coll   |  |                               |   |  |  |
| PLATERUL I.C.    P.O. Box 108 Farmington, NB 7401   | DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA     |   | round copy of this form is to be contil      |  |
| Nome of Authorized Transporter of Counghed Cas   Or 17 Cas   Page   Authorized Transporter of this form is to be seal.  |  | or Condensate                 |   |  |  |
| El Pago Natural Gas Company  If well produces oil or liquids,  Olit Sec. Twp. Page.  Is an accusity connected? When  No Approx. 90 days  It his production is commingled with that from any other lease or pool, give commingling order number:  DOMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Pred.  Office Compl. Ready to Pred.  1/19/75  2/28/78  Designate Type of Completion - (X)  Massaverde  1/19/75   | Plateau, Inc.  | estinghed Gas or Dry Gas v    |   |  |  |
| If well produces oil or liquids.  O 26 30N 9W No Approx. 90 days    |  | _                             |   |  |  |
| this production is commingled with that from any other lease or pool, give commingling order number:    Designate Type of Completion - (X)  |  | upany Unit Sec. Twp. Rge.     |   |  |  |
| this production is commingled with that from any other lease or pool, give commingling order number:  OMPLETION DATA  Designate Type of Completion — (X)  Out Well Gas Well X X  A S  Designate Type of Completion — (X)  1/19/78  2/28/78  4920' 48.77'  Tubing Designate Type of Completion — (X)  X X  A S  2/28/78  4920' 48.77'  Tubing Designate Type of Completion — (X)  Name of Producing Formation — (A)  Mome of Producing Mome of Producing Formation — (A)  Mome of Producing Mome of Producing Formation — (A)  Mome of Producing Mome  |  |                               |   |  |  |
| Designate Type of Completion — (X)  Date Spudsed  Designate Type of Completion — (X)  Date Spudsed  Designate Spudsed  Designate Type of Completion — (X)  Date Spudsed  Designate Spuds  | this production is commingled wi   | <u> </u>                      | give commingling order number:                                      |  |  |
| Date Spudies    Date Compl. Ready to Prod.   Total Depth   4920'   4877'  | <del></del>  |                               | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. Res'v.         |  |
| 1/19/78   2/28/78   4920' 4877'   Anne of Producing Fermition   Top Oil/Gae Pay   Tubing Depth  | Designate Type of Completi   | on $-(X)$                     | X   |  |  |
| Top Oil/Gas Pay   Tubing Depth   A801   | Date Spudaed   | Date Compl. Ready to Prod.    | Total Depth   | P.B.T.D.                                     |  |
| Mesaverde   | <b>1/19</b> /78  |                               | 4920'   | 4877   |  |
| Perforations 4090'-4108, 4130-36, 4142-48, 4158-62, 4180-84, 4188-4238, 4250-bepth Casing Shoe 60, 4362-66, 4380-95, 4408-18, 4500-06, 4510-28, 4544-59, 4584-90, 4658-4920' 62, 4666-4700, 4704-10, (over) TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  13-3/4" 9-5/8" Casing 275' 300 sx  8-3/4" 7" Casing 2880' 600 sx  6-1/4" 4-1/2" Casing 2680-4920' 300 sx  PEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours)  Date First New Cill Run To Tanks Date of Test  Length of Test  Length of Test  Casing Pressure  Casing Pressure  Chole \$1187  Actual Prod. Test-MCF/D Length of Test  1587 3 hours  Testing Method (pitot, back pr.)  Tubing Pressure(Shut-in)  Sack VPESSURE  Original Signal  (Signature)  Area Administrative Supervisor  (Signature)  Area Administrative Supervisor  (Signature)  3/14/78  Fill out cally Sections 1, II, II, and VI for changes of well as a comback, or transporter, or other such change of condition well name or amback, or transporter, or other such change of condition well name or amback, or transporter, or other such change of condition well name or amback, or transporter, or other such change of condition well name or amback, or transporter, or other such change of condition or such as a comback of tensporter, or other such change of condition or such changes of co | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   | 1 -   | _  |  |
| 60, 4362-66, 4380-95, 4408-18, 4500-06, 4510-28, 4544-59, 4584-90, 4658-4920¹ 62, 4666-4700, 4704-10, (over) TUBING, CASING, AND CEMETING RECORD  HOLE SIZE CASING & TUBING, CASING, AND CEMETING RECORD  HOLE SIZE SACKS CEMENT  13-3/4" 9-5/8" Casing 275¹ 300 sx  8-3/4" 7" Casing 2880¹ 600 sx  6-1/4" 4-1/2" Casing 2680-4920¹ 300 sx  FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top an able for this depth or be for full 24 hours)  Date First New Cill Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Length of Test  Actual Prod. During Test  Oil-Bbis. Water-Bbis. Gas MCF  Gas MELL  Actual Prod. During Test  Oil-Bbis. Shows  Testing Method (Picto, back pr.) Tubing Pressure (Ehet-in)  Eack Pressure  Original Signal 1  E. E. SYOROMA  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  Fill out cally Sections I, II, II, and VI for changes of owell able on more of the folgen walls for such cape of condition well name or most, or transporter, or other such change of condition well name or most, or transporter, or other such change of condition well name or most, or transporter, or other such change of condition well name or most, or transporter, or other such change of condition well name or most, or transporter, or other such change of condition or most and complete or such changes of condition or most and complete or such change of condition or most and complete or such change of condition or most contemporary of the such change of condition or most companies of condition or most complete wells.  Fill out cally Sections I, II, II, and VI for changes of well able on most care transporter, or other such change of condition or most care transporter, or other such change of condition or most care transporter, or other such change of condition or most care transporter, or other such change of condition or most care transporter, or other such change of condition or most care transporter, or other suc  | 5773' GL   | Mesaverde                     | 4090'   | 4801'  |  |
| MOLE SIZE CASING & TUBING, CASING, AND CEMENTING RECORD  MOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  13-3/4" 9-5/8" Casing 275' 300 sx  8-3/4" 7" Casing 2880' 600 sx  6-1/4" 4-1/2" Casing 2680-4920' 300 sx  FIRST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)  Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Signal MCF  GAS WELL  Actual Prod. During Test Oil-Bbis. Weter-Bbis. Gas MCF  GAS WELL  Actual Prod. Test-MCF/D Length of Test Shours  Testing Method (pict, back pr.) Tubing Pressure (shut-in) Coasing Pressure (shut-in) Choke Signal MCF  EERTIFICATE OF COMPLIANCE  Area Administrative Supervisor  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Casing Pressure (shut-in) Oil CONSERVATION COMMISSION  APPROVED  Original Signal   |  |                               |   |  |  |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  13-3/4" 9-5/8" Casing 275' 300 sx  8-3/4" 7" Casing 2880' 600 sx  6-1/4" 4-1/2" Casing 2680-4920' 300 sx  FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total values of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)  Date First New Oil Run To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Chart Signal Pressure Chart Signal Run To Tonks Signal Run Tonks Signal R  |  |                               |   | 39- 4920.                                    |  |
| 13-3/4" 7" Casing 2880' 6-1/4" 7" Casing 2880-4920' 300 sx 6-1/4" 4-1/2" Casing 2680-4920' 300 sx  FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours.  Date First New Oil Bun To Tanks Date of Test  Producing Method (Flow, pump, gas life, etc.)  Actual Prod. Test-MCF/D Length of Test  Actual Prod. Test-MCF/D Length of Test  Actual Prod. Test-MCF/D Tasting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tosting Method (pitot, back pr.)  Back Pressure  Coaing Pressure (Shut-in) Coaing Pressure (Shut-in)  Coaing Pressure (Shut-in)  Coaing Pressure (Shut-in)  Coaing Pressure (Shut-in)  Coaing Pressure (Shut-in)  This form is to be filed in complisance with RULE 1104.  If this is a request for sllowable for a newly drilled or deeper well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied by a shublation of the deep well, this form must be accompanied or other such change of condition or transporter, or   |  |                               |   | CACVE CENTENT                                |  |
| 8-3/4" 7" Casing 2880¹ 6-1/4" 4-1/2" Casing 2680-4920¹ 300 sx  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top at able for this depth or be for full 24 hours)  Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Length of Test Tubing Pressure Casing Pressure Shut-in Testing Method (pinct, back pr.) Tubing Pressure(Shut-in) Testing Method (pinct, back pr.) Tubing Pressure(Shut-in) Tooling Test Tooling Pressure Tooling Pressure(Shut-in) Tooling Pressure Tooli  |  |                               | <u> </u>  |  |  |
| FEST DATA AND REQUEST FOR ALLOWABLE  Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)  Date of Test  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Shall.  Gas MCF  Growity of Condensate  Tobics Size  1587  3 hours  Testing Method (pitot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  Driginal Signal   |  |                               |   | <del></del>                                  |  |
| Date First New Oil Run To Tanks  Date of Test  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Seat Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Seat Pressure  Casing Pressure  (Shut-in)  Casing Pressure  Choke Sign  Casing Pressure  Condensate  Actual Prod.  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Sign  Casing Pressure  Casing Pressure  Casing Pressure  Choke Sign  Casing Pressure  Casing Pressure  Choke Sign  Casing Pressure  Casing Pressure  Condensate  Choke Sign  Casing Pressure  Casing Pressure  Condensate  Choke Sign  Condensate  Choke Sign  Condensate  Choke Sign  Condensate  Choke Sign  Conde  |  | /-1/2" Casing                 |   | <del></del>                                  |  |
| Date of 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  Length of Test  Actual Prod. During Test  Oil-Bbis.  Casing Pressure  Casing Pressure  Choke Sign  Cravity of Condensate  Cravity of Condensate  Coaing Pressure (Shut-in)  Choke Size  Cravity of Condensate  Choke Sign  Cravity of Condensate  Choke Sign  Cravity of Condensate  Choke Sign  Cravity of Condensate  Coaing Pressure (Shut-in)  Choke Size  Cravity of Condensate  Coaing Pressure (Shut-in)  Choke Size  Cravity of Condensate  Choke Sign  Cravity of Condensate  Choke Sign  Cravity of Condensate  Choke Sign  Cravity of Condensate  Coaing Pressure (Shut-in)  Choke Size  Cravity of Condensate  Coaing Pressure (Shut-in)  Choke Size  Cravity of Condensate  Choke Sign  Choke Sign  Cravity of Condensate  Choke Sign  Choke Sign  Cravity of Condensate  Choke Sign    | 0-1/4  | 1 7 1/2 000 1115              | 1   |  |  |
| Date of Test Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Casing Pressure Casing Pressure Casing Pressure Choke Signature Actual Prod. During Test Oil-Bbls.  Casing Pressure Choke Signature Choke Si  | TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be a) | fter recovery of total volume of load or                            | il and must be equal to or exceed top allow- |  |
| Length of Test  Casing Pressure  Casing Pressure  Chok Sila  Gas MCF  Gas WELL  Actual Prod. During Test  Actual Prod. Test-MCF/D  Length of Test 3 hours  Testing Method (piot, back pr.)  Back Pressure  576  Certificate of Compliance  hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given belove is true and complete to the best of my knowledge and belief.  Original Signal 2  E. E. SVOSCOA  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Super)  (Super)  Casing Pressure  (Shut-in)  Casing Pressure(Shut-in)  Casing Pressure(Shut-in)  Complete (Shut-in)  717  .75  OIL CONSERVATION COMMISSION  APPROVED  Original Signed by A. R. Kendrick  Title  This form is to be filed in compliance with Rule 1114.  All sections of this form must be accompanied by a tabulation of the devia test taken on the well in accordance with Rule 1114.  All sections of this form must be accompanied by a tabulation of the devia table on new and recompleted wells.  Fill out only Sections 1, II, III, and VI for changes of ow well answer and complete or other such change of conditions of the such change of con  | OIL WELL   | able for this de              | pth or be for full 24 hours)  | - Citimina                                   |  |
| Actual Prod. During Test  Oil-Bbls.  Weter-Bbls.  Gas WELL  Actual Prod. Test-MCF/D  1587  Testing Method (pitot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  Original Signature  Area Administrative Supervisor  (Signature)  Area Administrative Supervisor  (Title)  (Date)  (Date)  (Date)  Weter-Bbls.  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Cosing Pressure (Shut-in)  Choke Size  717  .75  OIL CONSERVATION COMMISSION  APPROVED  Original Signature  Original Signature  This form is to be filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well make or ambur, or transporter, or ther such change of conditions of the such change of co  | Date First New Oil Run To Tanks  | Date of Test                  | Producing Method (Flow, pump, gas                                   | ingit, etc.)                                 |  |
| Actual Prod. During Test  Oil-Bbls.  Weter-Bbls.  Gas WELL  Actual Prod. Test-MCF/D  1587  Testing Method (pitot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  Original Signature  Area Administrative Supervisor  (Signature)  Area Administrative Supervisor  (Title)  (Date)  (Date)  (Date)  Weter-Bbls.  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Cosing Pressure (Shut-in)  Choke Size  717  .75  OIL CONSERVATION COMMISSION  APPROVED  Original Signature  Original Signature  This form is to be filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with Rule 111.  All sections of this form with be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well make or ambur, or transporter, or ther such change of conditions of the such change of co  |  |                               | Contra December   | Charles                                      |  |
| GAS WELL  Actual Prod. Test-MCF/D  1587  Testing Method (pirot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Original Signal Compliance  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Dags.  Description of Test  All sections of this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 1104.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I. II., and VI for changes of ow well name or ambod, or transporter, or other such change of conditions.  | Length of Test   | Tubing Pressure               | Casing Pressure   | Chor Siles ( Siles )                         |  |
| GAS WELL  Actual Prod. Test-MCF/D  1587  Testing Method (pirot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal Sign  | 1 D 1 D 1 D 1 D 1  | Oll-Rhia                      | Wreen-Bhia.   | Gas MCF                                      |  |
| Actual Prod. Test-MCF/D  1587 3 hours  Testing Method (pitot, back pr.)  Back Pressure 576  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation howe is true and complete to the best of my knowledge and belief.  Original Signal 1  E. E. SVOSOA  Area Administrative Supervisor  (Title)  3/14/78  (Casing Pressure (Shut-in))  Cosing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  Original Signal by A. R. Kendrick  TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied wells.  Fill out only Sections I, II, III, and VI for changes of ow well name of a massive, or transporter, or other such change of conditions of the such change of conditions o  | Actual Prod, During 1 est  | OII-BBIS.                     | Helet - Balet   | 345 (1.0.1                                   |  |
| Actual Prod. Test-MCF/D  1587 3 hours  Testing Method (pitot, back pr.)  Back Pressure 576  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation howe is true and complete to the best of my knowledge and belief.  Original Signal 1  E. E. SVOSOA  Area Administrative Supervisor  (Title)  3/14/78  (Casing Pressure (Shut-in))  Cosing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  Original Signal by A. R. Kendrick  TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied wells.  Fill out only Sections I, II, III, and VI for changes of ow well name of a massive, or transporter, or other such change of conditions of the such change of conditions o  |  |                               | 1   | <u> </u>                                     |  |
| Actual Prod. Test-MCF/D  1587 3 hours  Testing Method (pitot, back pr.)  Back Pressure 576  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation howe is true and complete to the best of my knowledge and belief.  Original Signal 1  E. E. SVOSOA  Area Administrative Supervisor  (Title)  3/14/78  (Casing Pressure (Shut-in))  Cosing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  Original Signal by A. R. Kendrick  TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied wells.  Fill out only Sections I, II, III, and VI for changes of ow well name of a massive, or transporter, or other such change of conditions of the such change of conditions o  | CAC WETT   |                               |   |  |  |
| 1587  Testing Method (pirot, back pr.)  Back Pressure  576  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal S  |  | Length of Test                | Bbis. Condensate/MMCF   | Gravity of Condensate                        |  |
| Testing Method (pitot, back pr.)  Back Pressure  576  717  .75  CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal   (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Date:  Cossing Pressure (Shut-in)  717  .75  OIL CONSERVATION COMMISSION  APPROVED  Original Signed by A. R. Kendrick  BY  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or a most; or transporte, or other such change of conditions.  | 1587   | 3 hours                       |   |  |  |
| DERTIFICATE OF COMPLIANCE  Compliance of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal Compliance of the Oil Conservation Original Signed by A. R. Kendrick  TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  Area Administrative Supervisor  (Title)  3/14/78  (Date)  OIL CONSERVATION COMMISSION  APPROVED  Original Signed by A. R. Kendrick  TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all selections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.   | Testing Method (pitot, back pr.)   |                               | Casing Pressure (Shut-in)   | Choke Size                                   |  |
| CERTIFICATE OF COMPLIANCE  Chereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal A  E. E. SVOBCOA  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Date)  (Date)  OIL CONSERVATION COMMISSION  APPROVED  Original Signed by A. R. Kendrick  TITLE  This form is to be filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviates taken on the well in accordance with Rule 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or important rensporter, or other such change of conditions.  | -  | 576                           | 717   | .75  |  |
| APPROVED  Original Signal A  E. E. SVOBODA  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Date)  (Date)  (Date)  APPROVED  Original Signal A:  (Title)  All sections of this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all sele on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or tamber, or transporter, or other such change of conditions.  |  | CE                            | OIL CONSERV   | ATION COMMISSION                             |  |
| Original Signal And that the information given bove is true and complete to the best of my knowledge and belief.  Original Signal And Administrative Supervisor  (Title)  3/14/78  (Date)  (Date)  Original Signal And Administrative Supervisor  (Date)  (Date)  (Date)  Original Signal By A. R. Kendrick  TITLE  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of ow well name or a make, or transporter, or other such change of conditions.  |  |                               |   |  |  |
| Original Signed by A. R. Kendrick  Original Signed by A. R. Kendrick  TITLE  Original Signed by A. R. Kendrick  Title  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or amber, or transporter, or other such change of conditions.   | hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Original Signal Signal |                               | APPROVED  |  |  |
| Original Signal 2.  E. E. SVOBODA  (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Date)  (Date)  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviates taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or a make, or transporter, or other such change of conditions.  |  |                               |   |  |  |
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| (Signature)  Area Administrative Supervisor  (Title)  3/14/78  (Date)  (Signature)  well, this form must be accompanied by a tabulation of the deviation on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all sole on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or simble, or transporter, or other such change of conditions.   |  |                               | If this is a request for allowable for a newly drilled or deepened  |  |  |
| Area Administrative Supervisor  (Title)  3/14/78  All sections of this form must be filled out completely for all sole on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of ow well name or sambor, or transporter, or other such change of conditions.  | (Signature)  |                               | well this form must be accompanied by a tabulation of the deviation |  |  |
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