AUTHORIZATION TO TRANSPORT ON ARCHARDINAL GAS RECEIVED BY  OPERATOR  OPERATO		SANTA FE	REQUEST	FOR ALLOW LE	Supersedes Old C-104 and C Effective 1-1-65	
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P. O. DOX 911, Breckentidge, Texas 76024  Research to the line (Lives proper bot) New Wild   Composition   Composition   Collision   Continued Collision		Breck Operating (	Corp.	<u> </u>	CE .	
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His change of countership give names Potrol colum Corporation of Texass, Box 911, Breckenridge, TX 76024  II. DESCRIPTION OF WELL AND LEASE  Lease No.  Mary Ann Cannon 4 Bitter Lake SA, South Seed, Fasted of Fee Fee Leave N.  Mary Ann Cannon 4 Bitter Lake SA, South Seed, Fasted of Fee Fee Leave N.  Mary Ann Cannon 4 Bitter Lake SA, South Seed, Fasted of Fee Fee Leave N.  Level familie 27 Texash 108 Brogs 25E NAME Chaves Counter to the Leave N.  Designation OF TRANSPORTER OF OIL AND NATURAL GAS.  Notes of Anthress (Texashered Transported Cit. 22 or Counterous Cont. 1 Box 3119, Niciland, Texas 19702  The Permann Corporation Permannel 189 1/487  None  If well conducted Training to Texashered Commission Commission Cont. 1 Box 3119, Niciland, Texas 19702  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If this production is commission with that form any other Jesus or pool, give consumpting under science.  If the pool of the form the form of the Cit. Completion of t		N77	<b>=</b>	<b>=</b> 1		
II. DESCRIPTION OF WELLAND LEASE Lease Name Mary Ann Cannon  4 Bitter Lake SA, South State, Federal or Fee Fee  Line M.  990 Peet Fron The Bouth Line and 990 Feet Fron The West  Line of Section 27 Town top 108 Rause 25E , bodies, Chaves County  III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  The Permian Corporation Permiantiff # 1 / 87  The Permian Corporation Permiantiff # 2 / 87  None  The Permian Corporation Permiantiff # 2 / 87  None  If well production of the section Permiantiff # 2 / 87  None  If well production of the section Permiantiff # 2 / 87  None  If well production of the section Permiantiff # 2 / 87  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Dust spaced  Dust spaced  Line Of Section Permiantiff Permitted					ridge, TX 76024	
Less Number   Mary Ann Cannon   4   Bitter LAKE SA, South	••					
Designation   Date completion   Colored   Colo	11.		Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No	
that Letter M 990 Peet From The South Line and 990 Feet From The Line at Section 27 Township 10S Rooms 25E NAME, Chaves Country Line at Section 27 Township 10S Rooms 25E NAME, Chaves Country Line at Section 27 Township 10S Rooms 25E NAME, Chaves Country Line at Section 27 Township 10S Rooms 25E NAME, Chaves Chaves Country Line at Section 25E NAME Chaves 15E NAME Chaves 15E NAME REPORT 15E NAME COUNTRY LINE AT SECTION 25E NAME Chaves 15E NAME			4 Bitter Lake	SA, South State, Federa	nt or Fee Fee	
III. DESIGNATION OF TRANSPORTER OF DIL AND NATURAL GAS  Ruse of Amburest Transporter of CIL So. or Condenses CIL  The Permian Corporation Promises of CIL So. or Condenses CIL  The Permian Corporation Promises of CIL So. or Condenses CIL  The Permian Corporation Promises of CIL So. or Day One CIL  None  If well produces of or Incurts.  If well produces of the Incurts of the State of the State of the Incurts o		1 _	00 south	990	west	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Notice of Authorized Transporter of Colling   Or Condension   Or Con		Cint Letter	restrion the	e and restrom	The	
Name of Authorized Transporters of City   Actions of Condenders   Actions (Give midders to which approved copy of his form is to be sent)		Line of Section 27 To	ownship 10S Range 2	25E , NMPM,	Chaves county	
Name of Authorized Transporters of City   Actions of Condenders   Actions (Give midders to which approved copy of his form is to be sent)	***	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.c		
None  If well produces all or liquids, this form is so be sent)  None  If well produces all or liquids, this form is so be sent)  None  If well produces all or liquids, this form is so be sent)  None  If well produces all or liquids, this form one of the sent of the sen		Name of Authorized Transporter of Ctl 🛣 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)				
None    None				<u> </u>		
Convenentation of times.  K 127 10S 25E No  It his production is commingled with that from any other Jesse or pool, give commingling order numbers  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Completion — (X)  Date Special Ready to Prod.  Dies Special Type of Completion — (X)  Date Special Ready to Prod.  Dies Special Ready to Prod.  Elevations (DF, RRB, RT, CR, etc., Name of Producting Formation  TOP OH/Cos Pay  Taking Depth  P.B.T.D.  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  Floating Marks of First New Off. But To Tanks  Dies of This depth or be first recovery of total volume of food oil and must be equal to or exceed top oil Oil, WELL  Dies First New Off. But To Tanks  Date of Test  Length of Test  Tubing Pressure  Coating Pressure  Chake Size  Oil-Bits.  Water-Bits.  Gas WELL  Actual Prod. Test-MCF/D  Length of Test  Special Ready (State, back pr.)  Tubing Pressure (Shut-fin)  Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and bolist.  Special Ready of the state of the formation of the Oil Conservation (Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and bolist.  Special Ready of the deviation of the deviation of the Special Ready of the Special Ready of the deviation of the deviation of the Special Ready of the Special Rea		1	or Dry Gas	Andress (Give address to which appro	ved copy of this form is to be sent;	
This production is commanded with that from any other Jease or pool, give comminging order number:   V. COMPLETION DATA		If well produces oil or liquids,	· · · · · · · · · · · · · · · · · · ·	Is gas actually connected? Wh	er.	
Designate Type of Completion — (X)   Oil Well   Gas Woll   Shaw Well   Workover   Deepen   Plug Book   Same Restr.   Dill. Res			K 27 10S 25E	No	·	
Designate Type of Completion — (X)  Date Spodded  Date Compi. Rendy to Proc.  Top Oll/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  Depth Casing Shoe  TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total values of load oil and must be equal to or exceed top all Oil, WELL  Date First New Oil Run To Tanks  Date of Test  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Chake Size  Date Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Chake Size  Casing Pressure  Casing Pressure  Casing Pressure  Chake Size  Casing Pressure  Casing Pressure  Casing Pressure  Chake Size  Casing Pressure  Casing Pressure  Chake Size  Casing Pressure  Chake Size  Casing Pressure  Casing Pressure  Ca						
Date Spadded    Date Compi. Ready to Prod.   Total Depta   P.B.T.D.				New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
Elevations (DF, REB, RT, CR, etc., Name of Producing Formation Top Oil/Gas Pey Tubing Depth Casting Show  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of toad oil and must be equal to or exceed top oil oil. WELL  Date First New Oil Flux To Tunes Date of Test Producing Method (Flow, pump, gas life, etc.) For full 24 hours?  Length of Test  Length of Test  Actual Prod. Test-MCF/D  Length of Test  Oil-Bbla.  GAS WELL  Astual Prod. Test-MCF/D  Length of Test  Tobing Pressure (Shut-in)  VI. CERTIFICATE OF COMPLIANCE  I 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 complicate to the beat of my knowledge and belief.  Production Clerk  (Sylvature)  Production Clerk  (Title)  This form say to accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be accordance with Rule 1104.  If this is a request for allowable for a newly drilled or despers well, this form must be fulled or except poil in multi Separate Forms C-104 each poil or each poil in multi Separate Forms C-104 each poil and the firs						
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TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tonks  Date of Test  Length of Test  Tubing Pressure  Cosing Pressure  Choke Size  Cho					D. O. C. C.	
V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Determine the other recovery of total volume of load oil and must be equal to or exceed top all oil. WELL  Determine the work of the for this depth or be for full 24 hours)  Producing Method (Pilot, pump, gas lift, etc.) Post TA 3  Length of Test  Tubing Pressure  Cusing Pressure  Cusing Pressure  Cosing Pressure (Shut-in)  Cosing Pressure (Shut-in)  Cosing Pressure (Shut-in)  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Production Clerk  (Title)  Production Clerk  (Title)  (Date)  (Date)  Casing Pressure (Shut-in)  Cosing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  JAN 2 6 1984  APPROVED  JAN 2 6 1984  This form is to be filed in compliance with RULE 1104.  If this is a requisat for silowable for a newly defilled or despers well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 1114.  All sections of this form must be filled or despers well, this form sor of this form must be filled or each pool in multile new or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive the filed for each pool in multile name or number, or transporte, or changes of conditive well name or number, or transporte, or changes of conditive the filed for each pool in multile name or number, or transporte, or changes of conditive the filed for each pool in multile		Performance Depth Cusing ance				
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Dote First New Oil Run To Tanks  Date of Test  Date First New Oil Run To Tanks  Date of Test  Date o						
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Date First New Oil Run To Tanks  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure (Shub-in)  Choke Size  Cosing Pressure (Shub-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  JAN 2 6 1984  Original Signed By  Lestic A. Clements  TITLE  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  APPROVED  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 deviat test steen on the well in accordance with Rule 11104.  All sections of this form must be filled out completely for alle elso on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of condition or complete to the seach pool in multi Separate Forms C-104 must be filed for each pool in multi Separate Forms C-104 must be filed for each pool in multi	V.	OIL WELL able for this depth or be for full 24 hours)				
Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shnt-in)  Casing Pressure (Shnt-in)  Choke Size  OIL CONSERVATION COMMISSION  JAN 2 6 1984  Original Signed By  Lestle A. Clements  TITLE  Original Signed By  Lestle A. Clements  TITLE  Supervisor District II  This form must 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 filed out completely for allowable for new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of conditions on the man or number, or transporter, or other such change of conditions are presented wells.  Fill out only Sections I. II. III, and VI for changes of conditions on the man or number, or transporter, or other such change of conditions are completed wells.			Date of Test	Producing Method (Flow, pump, gas li	(i. etc.) Post on-3	
Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shnt-in)  Casing Pressure (Shnt-in)  Choke Size  OIL CONSERVATION COMMISSION  JAN 2 6 1984  Original Signed By  Lestle A. Clements  TITLE  Original Signed By  Lestle A. Clements  TITLE  Supervisor District II  This form must 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 filed out completely for allowable for new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of conditions on the man or number, or transporter, or other such change of conditions are presented wells.  Fill out only Sections I. II. III, and VI for changes of conditions on the man or number, or transporter, or other such change of conditions are completed wells.		Length of Tent	Tubing Presaure	Casing Pressure	Chox Siz 2 2 2	
GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  JAN 2 6 1984  APPROVED  JAN 2 6 1984  Original Signed By  Leslie A. Clements  TITLE  Supervisor District il  This form is to be filed in compliance with RULE 1104.  (Signature)  Production Clerk  (Title)  (Date)  (Date)  Discondensate ALMCF  Gravity of Condensate  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  JAN 2 6 1984  Display Leslie A. Clements  TITLE  Supervisor District il  This form is to be filed in compliance with RULE 1104.  All sections of this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  All sections of this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  Spenier or unmber, or transporter, or other such change of condition of the deviat tests taken on the well in accordance with RULE 111.  Spenier or unmber, or transporter, or other such change of condition or the deviat tests taken on the well in accordance with RULE 111.		Estation of tool			chy. Of.	
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VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Production Clerk  (Title)  (Date)  Tubing Pressure (Shut-in)  Cosing Pressure (Shut-in)  Clock Size  OIL CONSERVATION COMMISSION  JAN 2 6 1984  Original Signed By  Leslie A. Clements  TITLE Supervisor District II  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or desper well, this form must be accompanied by a tabulation of the deviat taken on the well in accordance with RULE 111.  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 own well name or number, or transporter, or other such change of conditions of the such change of conditions of t		GAS WELL				
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.    Original Signed By	vi	CERTIFICATE OF COMPLIAN	I.	OIL CONSERVA	ATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.    Original Signed By	***	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		IAN 2 6 1984		
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10-12-83   Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions of the section of the sec				All sections of this form must be filled out completely for all able on new and recompleted walls.		
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				Separate Forma C-104 must be filed for each pool in multi		

