| The Corner .    | G.S. ID OFFICE OIL GAS GAS |  |  |   |  |
|-----------------|----------------------------|--|--|---|--|
| DISTRIBUTE      | ON O                       |  |  | • |  |
| SANTA FE        |                            |  |  | • |  |
| FILE            |                            |  |  |   |  |
| U.S.G.S.        |                            |  |  |   |  |
| LAND OFFICE     |                            |  |  |   |  |
| TRANSPORTER     | OIL                        |  |  |   |  |
| TRANSFORTER     | GAS                        |  |  |   |  |
| OPERATOR        |                            |  |  |   |  |
| TRANSPORTER GAS |                            |  |  |   |  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

|      | FILE   | -  | AND   |                                       | Fliertiag 1-1-02                                 |                                       |
|------|--|--|---|---------------------------------------|--|---------------------------------------|
|      | U.S.G.S.   | AUTHORIZATION TO TRA   | ANSPORT OIL AND                                   | NATURAL (                             | GAS  |                                       |
|      | LAND OFFICE  | RE   | EPEIVE  | )                                     |  |                                       |
|      | TRANSPORTER GAS  |  |   |                                       |  |                                       |
|      | OPERATOR   |  | 11 IN 1 107C                                      |                                       |  |                                       |
|      | PRORATION OFFICE   | -  ·   | JUN 1 1976  |                                       |  |                                       |
| ٠.   | Operator   |  |   |                                       |  |                                       |
|      | W. H. Brady  |  | O. C. C.  |                                       |  |                                       |
|      | Address  | A  | RTESIA, OFFICE                                    |                                       |  |                                       |
|      | Rt. 2 Box 153  | - Roswell, New Mexi  | co 882  |                                       |  |                                       |
|      | Reason(s) for filing (Check proper box                           |  | Other (Plea                                       | se explain)                           |  |                                       |
|      | New Well   | Change in Transporter of: Oil Dry Go                                 |   |                                       |  |                                       |
|      | Recompletion Change in Ownership                                 | Oil  | <b>=</b> 1  |                                       |  |                                       |
|      | Change in Content in   | Cashigheda Gas   |   |                                       | <del></del>                                      |                                       |
|      | If change of ownership give name                                 |  |   |                                       |  |                                       |
|      | and address of previous owner                                    |  |   | · · · · · · · · · · · · · · · · · · · |  |                                       |
| II.  | DESCRIPTION OF WELL AND  | LEASE  |   |                                       |  |                                       |
|      | Lease Name   | Well No. Pool Name, Including F                                      | ormation  | Kind of Leas                          | e  | Lease No.                             |
|      | Sturgeon   | 1 Linda San A  | Indres  | State, Federa                         | d or Fee Fee                                     |                                       |
|      | Location   |  |   |                                       |  |                                       |
|      | Unit Letter <b>F</b> ; <b>1650</b>                               | Feet From The <b>West</b> Lir  | ne and <u>1650</u>                                | Feet From                             | The North  |                                       |
|      | 0.00   | 60 04  | ć en  |                                       |  |                                       |
|      | Line of Section 33 Tov   | waship 65 Range 26   | DE , NMF  | γм,                                   | Chaves   | County                                |
|      | DECIONATION OF TRANSPORT   | PED OF OH AND NATURAL CA   | ı e   |                                       |  |                                       |
| III. | Name of Authorized Transporter of Oil                            |  |   | s to which appro                      | ved copy of this form is to                      | be sent)                              |
|      | Navajo Crude Oil Pu  | A  | P. O. Box   |                                       | Artesia, N.M.                                    |                                       |
|      | Name of Authorized Transporter of Cas                            | singhead Gas or Dry Gas  |   |                                       | ved copy of this form is to                      |                                       |
|      |  |  |   |                                       |  |                                       |
|      | If well produces oil or liquids,                                 | Unit Sec. Twp. Rge.  | Is gas actually conne                             | cted? Wh                              | en   |                                       |
|      | give location of tanks.  | F 33 65 26E  | No  | 1                                     |  |                                       |
|      | If this production is commingled wit                             |  |   | ler number:                           |  |                                       |
|      | COMPLETION DATA  |  |   |                                       |  | · · · · · · · · · · · · · · · · · · · |
|      | Designate Type of Completion                                     | Oll Well Gas Well  | New Well Workover                                 | Deepen                                | Plug Back   Same Rest                            | Diff. Restv.                          |
|      | , , , , , , , , , , , , , , , , , , ,                            | <u> </u>   | 1   |                                       | 1  | 1                                     |
|      | Date Spudded   | Date Compl. Ready to Prod.   | Total Depth                                       |                                       | P.B.T.D.   |                                       |
|      | Element (DE DVD DE OS  | Name of Davidson Franchis  | T Oil (Cro Day                                    |                                       | 77h. 1 1 1 1 1                                   |                                       |
|      | Elevations (DF, RKB, RT, GR, etc.)                               | Name of Producing Formation  | Top Oil/Gas Pay                                   |                                       | Tubing Depth                                     |                                       |
|      | Perforations   |  |   |                                       | Depth Casing Shoe                                |                                       |
|      |  |  |   |                                       |  |                                       |
|      |  | TUBING, CASING, AND  | D CEMENTING RECO                                  | RD                                    | <u> </u>   |                                       |
|      | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH   |                                       | SACKS CEME                                       | INT                                   |
|      |  |  |   |                                       |  |                                       |
|      |  |  |   |                                       |  |                                       |
|      |  |  |   |                                       |  |                                       |
|      |  |  |   |                                       |  |                                       |
| V.   | TEST DATA AND REQUEST FO   | OR ALLOWABLE (Test must be a   |   |                                       | and must be equal to or ex                       | ceed top allow-                       |
|      | OIL WELL   | ·  | pth or be for full 24 hor<br>Producing Method (Fi |                                       | <u> </u>   | <del></del> _                         |
|      | Date First New Oil Run To Tanks                                  | Date of Test   | Producing Method (F1                              | ow, pump, gas ii                      | ji, eic.)  | i                                     |
|      | Length of Test   | Tubing Pressure  | Casing Pressure                                   |                                       | Choke Size                                       |                                       |
|      | Length of lest   | Tabling / Tobalic  | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.         |                                       |  | 1                                     |
|      | Actual Prod. During Test   | Oil-Bbls.  | Water - Bbls.                                     | <del></del>                           | Gas - MCF  |                                       |
|      |  |  |   |                                       |  |                                       |
|      |  |  |   |                                       |  |                                       |
|      | GAS WELL   |  |   |                                       |  |                                       |
|      | Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MM                               | CF                                    | Gravity of Condensate                            |                                       |
|      |  |  |   |                                       |  |                                       |
|      | Testing Method (pitot, back pr.)                                 | Tubing Pressure (Shut-in)  | Casing Pressure (Sh                               | rt-in)                                | Choke Size                                       |                                       |
| i    |  |  | <u></u>   |                                       | <u> </u>   |                                       |
| VI.  | CERTIFICATE OF COMPLIANCE  | CE   | OIL   | CONSERVA                              | TION COMMISSION                                  |                                       |
|      |  |  |   |                                       |  | _                                     |
|      | I hereby certify that the rules and r                            | egulations of the Oil Conservation                                   | APPROVED  | <u></u>                               | , 1  | 9                                     |
|      | Commission have been complied wabove is true and complete to the | vith and that the information given best of my knowledge and belief. | BY  |                                       |  |                                       |
|      |  |  | 11  |                                       |  |                                       |
|      |  |  | TITLE   |                                       |  | <del></del>                           |
| 100  |  |  |   |                                       | compliance with RULE                             |                                       |
|      | W. N. Brady  |  | If this is a re                                   | quest for allow                       | vable for a newly drilled                        | or deepened                           |
|      | Signo  | iture)   | well, this form mu                                | e well in accompa                     | nied by a tabulation of dance with RULE 111.     | rue devigiton                         |
|      | Operator (Tit  | 2-1  | All sections                                      | of this form mu                       | st be filled out complete                        | ely for allow-                        |
|      |  | ie)  | able on new and                                   | recompleted we                        | ells.  |                                       |
|      | May 28, 1976   | tei  |   |                                       | i, III, and VI for changer, or other such change |                                       |
|      | (Da  | •••  | <i>l</i> 1  |                                       | he filed for each non                            |                                       |

| L               | - • •       | 1 |         |
|-----------------|-------------|---|---------|
| DISTRIBUTIO     | )N          |   |         |
| SANTA FE        |             |   |         |
| FILE            |             |   |         |
| U.S.G.S.        | U.S.G.S.    |   |         |
| LAND OFFICE     | LAND OFFICE |   |         |
| TRANSPORTER     | OIL         |   | L       |
| TRANSFER STREET | GAS         |   | <u></u> |
| OPERATOR        |             |   |         |
| PRORATION OF    | ICE         |   |         |
| Operator        |             |   |         |

|      | SANTA FE  |   | CONSERVATION COMMISSION FOR ALLOWABLE                                | Form C-104 Supersedes Old C-104 and C-11  |
|------|---|---|--|---|
|      | FILE  |   | AND  | Effective 1-1-65  |
|      | U.S.G.S.  | AUTHORIZATION TO TRA  | ANSPORT OIL AND NATURA   | GAS   |
|      | LAND OFFICE   |   | ALLO OKT OLE AND HATOKA  | L 0A3   |
|      | OIL   | _   |  |   |
|      | TRANSPORTER GAS   | 7   |  |   |
|      | OPERATOR  | -   |  |   |
| _    | PRORATION OFFICE  |   |  |   |
| 1.   | Operator  |   |  |   |
|      | Reason(s) for fffing (eleck proper box                                |   | Other (Piease explain)   |   |
|      | Recompletion Change in Ownership                                      | Change in Transporter of:  Oil Dry Go  Casinghead Gas Conde               | <b>≒</b> 1   |   |
|      | If change of ownership give name and address of previous owner        |   |  |   |
| II.  | DESCRIPTION OF WELL AND   | LEASE   Well No.   Pool Name, Including F                                 | ormation Kind of L   | egse  |
|      | Sturgeon Location   | 1 Linda San   | Same For   | eral or Fee Fee   |
|      | Unit Letter 7 : 165   | Feet From The West Lin  | ne and <u>1650</u> Feet Fro  | om The North  |
|      | Line of Section 33 To   | ownship 6S Range 26   | 5g , NMPM,   | Chaves  |
| III. | DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA   |  | proved copy of this form is to be sent)   |
|      | Nava to Crude 011 Po  | Irchesing singhead Gas a or Dry Gas                                       | P. O. Box 175 Address (Give address to which ap                      | proved copy of this form is to be sent)   |
|      | If well produces oil or liquids, give location of tanks.              | Unit Sec. Twp. Rge. F 33 68 26E   | Is gas actually connected?   | When  |
| IV.  | If this production is commingled with COMPLETION DATA                 | Oil Well Gas Well   | give commingling order number:  New Well Workover Deepen             | Plug Back   Same Res'v.   Diff. Res'v.  |
|      | Designate Type of Completi  | on - (X) Gas well   | Total Depth  | P.B.T.D.  |
|      | Date Spudded  | Bate Compil Meday to Medi   | Total Beptil   | 7.8.1.5.  |
|      | Elevations (DF, RKB, RT, GR, etc.)                                    | Name of Producing Formation   | Top Oil/Gas Pay  | Tubing Depth  |
|      | Perforations  |   |  | Depth Casing Shoe   |
|      | HOLE SIZE   | TUBING, CASING, AND   | D CEMENTING RECORD DEPTH SET   | SACKS CEMENT  |
|      |   |   |  |   |
|      |   |   |  |   |
| v.   | TEST DATA AND REQUEST F   | OR ALLOWABLE (Test must be a able for this de                             | fter recovery of total volume of load ( pth or be for full 24 hours) | oil and must be equal to or exceed top allow-                                   |
|      | 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  |
|      | Actual Prod. During Test  | Oil-Bbis.   | Water - Bbls.  | Gas - MCF   |
|      | GAS WELL  |   |  |   |
|      | Actual Prod. Test-MCF/D   | Length of Test  | Bbis. Condensate/MMCF  | Gravity of Condensate   |
|      | Testing Method (pitot, back pr.)                                      | Tubing Pressure (Shut-in)   | Casing Pressure (Shut-in)  | Choke Size  |
| VI.  | CERTIFICATE OF COMPLIAN   | CE  |  | VATION COMMISSION   |
|      | hereby certify that the rules and regulations of the Oil Conservation |   | APPROVED, 19   |   |
|      | Commission have been complied to                                      | with and that the information given<br>e best of my knowledge and belief. | BY   |   |
|      |   |   |  |   |
|      | 1100  |   | 11   | n compliance with RULE 1104.  |
|      | a. N. Broden  | 1   | If this is a request for all   | owable for a newly drilled or deepened  |
|      | (Sign   | Gture)  | well, this form must be accome tests taken on the well in accome.    | panied by a tabulation of the deviation cordance with RULE 111.                 |
|      | Operator (7)  | J. 1  | All sections of this form  | must be filled out completely for allow-  |
|      |   | tle)  | able on new and recompleted  | wells.  |
|      | May 28, 1976  | ate)  | well name or number, or transp                                       | II, III, and VI for changes of owner, order, or other such change of condition. |

| 5. UF COF122     |             |          |    |
|------------------|-------------|----------|----|
| DISTRIBUTIO      | ON          | <u> </u> |    |
| ANTA FE          |             | Ι        |    |
| FILE             |             |          |    |
| U.S.G.S.         | U.S.G.S.    |          |    |
| LAND OFFICE      | LAND OFFICE |          |    |
| TRANSPORTER      | OIL         |          | Ľ_ |
| INANSPORTER      | GAS         | L        |    |
| OPERATOR         | L           |          |    |
| PRORATION OFFICE |             |          | }  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

|      | ILE U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE        | AUTHORIZATION TO TRA                       | AND<br>ANSPORT OIL AN                              | ID NATURAL G                      | AS                                       |                      |
|------|---|--|--|-----------------------------------|--|----------------------|
| 1.   | Operator  |  |  |                                   |  |                      |
|      | Address 1. Brady  |  |  |                                   |  |                      |
|      | Reason(s) for ffling (Check proper box)  New Well  Recompletion                     | Change in Transporter of: Oil Dry Go       | as 🔲   | ease explain)                     |  |                      |
|      | Change in Ownership  If change of ownership give name and address of previous owner | Casinghead Gas Conde                       | nside  |                                   |  |                      |
|      | •   | PAGE                                       |  |                                   |  |                      |
| 11.  | DESCRIPTION OF WELL AND I   | Well No. Pool Name, Including F            | ormation   | Kind of Lease<br>State, Federa    |  | Lease No.            |
|      | Sturgeon<br>Location  | l Linda Can                                | Ardres   | State, redeta                     | · · · · · · · · · · · · · · · · · · ·    |                      |
|      | Unit Letter # :1650   | Feet From The Lin                          | ne and <u>1650</u>                                 | Feet From                         | The North                                |                      |
|      | Line of Section 22 Tow  | mship <b>K</b> C Range 🤈                   | 65, N  | MPM,                              |  | County               |
|      | Line of occition  |  | 4.5  | -                                 | Cast                                     | ro                   |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil                      | or Condensate                              | Address (Give addr                                 | ress to which appro               | ved copy of this form is                 | s to be sent)        |
|      | Name of Authorized Transporter of Cas   | A  | Address (Give addr                                 | ess to which appro                | Artos a Noved copy of this form is       | s to be sent)        |
|      | Name of Authorized Transporter of Cas   | Inglieda Gas                               |  |                                   |  |                      |
|      | If well produces oil or liquids, give location of tanks.                            | Unit Sec. Twp. Rge.                        | Is gas actually cor                                |                                   | en                                       |                      |
| IV.  | If this production is commingled wit COMPLETION DATA                                | th that from any other lease or pool,      | , give commingling                                 |                                   | Plug Back   Same F                       | es'v. Diff. Res'v.   |
|      | Designate Type of Completio   |  |  |                                   |  |                      |
|      | Date Spudded  | Date Compl. Ready to Prod.                 | Total Depth  |                                   | P.B.T.D.                                 |                      |
|      | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                | Top Oil/Gas Pay                                    |                                   | Tubing Depth                             |                      |
|      | Perforations  |  |  |                                   | Depth Casing Shoe                        |                      |
|      |   | TUBING, CASING, AN                         |  |                                   | SACKS C                                  | FMENT                |
|      | HOLE SIZE   | CASING & TUBING SIZE                       | DEFI   | TH SET                            | 3,0,0,0                                  |                      |
|      |   |  |  |                                   |  |                      |
|      |   |  |  |                                   |  |                      |
| V    | TEST DATA AND REQUEST F   | OR ALLOWABLE (Test must be able for this c | after recovery of total<br>depth or be for full 24 | l volume of load oil<br>hours)    | and must be equal to t                   | or exceed top allow- |
|      | OIL WELL Date First New Oil Run To Tanks  | Date of Test                               | Producing Method                                   | (Flow, pump, gas l                | ift, etc.)                               |                      |
|      | Length of Test  | Tubing Pressure                            | Casing Pressure                                    |                                   | Choke Size                               |                      |
|      | Actual Prod. During Test  | Oil-Bbls.                                  | Water - Bbls.                                      |                                   | Gas - MCF                                |                      |
|      |   |  | <u> </u>   |                                   |  |                      |
|      | GAS WELL  |  |  |                                   | Gravity of Condens                       |                      |
|      | Actual Prod. Test-MCF/D   | Length of Test                             | Bbls. Condensate                                   | /MMCF                             | Gravity of Condens                       | 4.4                  |
|      | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                  | Casing Pressure                                    | Shut-in                           | Choke Size                               |                      |
| VI   | . CERTIFICATE OF COMPLIAN   | CE   |  |                                   | ATION COMMISS                            |                      |
|      | I hereby certify that the rules and   | regulations of the Oil Conservation        | **   |                                   |  |                      |
|      | Commission have been complied above is true and complete to the                     | e best of my knowledge and belief          | ··    • ·  |                                   |  |                      |
|      |   |  | l i  |                                   |  |                      |
|      | W. N. Brade   |  |  | for all                           | compliance with Ri                       | rilled or deepened   |
|      | (Sign   | nature)                                    |  | be secome                         | enied by a tabulation ordence with RULE  | U OI IUS GSAISTION   |
|      | Operator  | itle)                                      | - All section                                      | ons of this form mand recompleted | ust be filled out cor                    | npietely for allow-  |
|      | May 28, 1976  | itte) Date)                                | Fill out   | only Sections I.                  | II, III, and VI for our or other such ch | muse of constition   |
|      | ·   |  | Canarata   | Horma C-104 mi                    | er he filed for ead                      | in militinio         |

|                     | <b></b> . | ı |   |  |  |  |
|---------------------|-----------|---|---|--|--|--|
| DISTRIBUTIO         | ON        |   | _ |  |  |  |
| SANTA FE            |           |   |   |  |  |  |
| FILE                |           |   |   |  |  |  |
| U.S.G.S.            |           |   |   |  |  |  |
| LAND OFFICE         |           |   |   |  |  |  |
| IRANSPORTER         | OIL       |   |   |  |  |  |
| - THANGI ON LA      | GAS       |   |   |  |  |  |
| OPERATOR            |           |   |   |  |  |  |
| PRORATION OF        | ICE       |   |   |  |  |  |
| TRANSPORTER OIL GAS |           |   |   |  |  |  |

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

|              | FILE  |                 |   | AND  |              | Effective 1-1                                      | -65                         |
|--------------|---|-----------------|---|--|--------------|--|-----------------------------|
|              | U.S.G.S.                                    |                 | AUTHORIZATION TO T                          |  | ATUDAL       |  |                             |
|              | LAND OFFICE                                 |                 |   | MANUEL SICH OIL MID IN                                       | ATURAL       | GAS  |                             |
|              | TRANSPORTER                                 | OIL             |   |  |              |  |                             |
|              | OPERATOR                                    | GAS             |   |  |              |  |                             |
| 1.           | PROPATION OF                                | ICE             |   |  |              |  |                             |
| 1.           | Operator                                    |                 |   |  |              |  |                             |
|              | Address                                     | •               |   |  |              |  |                             |
|              | Reason(s) for fitting (                     | Reck ploper     | box) Roswell, New Men                       | Other Please   | ernlain l    |  |                             |
|              | New Well                                    |                 | Change in Transporter of:                   | omer (1 tease  | explain      |  |                             |
|              | Recompletion                                |                 | OII Dry                                     | Gas  |              |  |                             |
|              | Change in Ownership                         |                 | Casinghead Gas Cond                         | lensate  |              |  |                             |
|              | If change of owners<br>and address of previ |                 | •   |  |              |  |                             |
| I.           | DESCRIPTION OF Lease Name                   | F WELL AN       | D LEASE Well No. Pool Name, Including       | Formation 1  | (ind of Leas | se   | Lease No.                   |
|              | Sturgeon                                    |                 | l Linda San                                 | Andres   | State, Feder | al or Fee  | Louis No.                   |
|              | Location                                    |                 |   | +15-70-58-10-  |              |  |                             |
|              | Unit Letter 🔭                               | : 16            | Feet From The L                             | ine and <u>1650</u>  | Feet From    | The North  |                             |
|              |   |                 |   |  | _            | -1405-611  |                             |
|              | Line of Section                             | 33              | Township 68 Range ?                         | 6F , NMPM,   |              | abassa   | County                      |
| •            | DESIGNATION OF                              | TOANCOO         | BTER OF OH AND NAMED AT                     |  |              | Guste  |                             |
| ١.           | Name of Authorized T                        | ransporter of ( | RTER OF OIL AND NATURAL G                   | As Address (Give address to                                  | which appro  |  |                             |
|              |   |                 | *   |  |              |  | •                           |
|              | Name of Authorized T                        | ransporter of ( | Casinghead Gas or Dry Gas                   | Address (Give address to                                     | which appro  | Artesia. N.M.                                      | 28210                       |
| ļ            |   |                 |   |  |              | to ear copy of this form is t                      | o ve sentj                  |
|              | If well produces oil or                     | r liquids,      | Unit Sec. Twp. Rge.                         | Is gas actually connected                                    | ? Wh         | en   |                             |
| ļ            | give location of tanks                      |                 | 7 1 33 63 1 265                             | No   | į            |  |                             |
|              | If this production is                       | commingled v    | with that from any other lease or pool      | , give commingling order n                                   | umber:       |  |                             |
| ٠,           | COMPLETION DA                               | TA              |   |  |              |  |                             |
| -            | Designate Type                              | of Complet      | tion - (X)                                  | New Well Workover  | Deepen       | Plug Back Same Res                                 | 'v. Diff. Res'v             |
| ŀ            | Date Spudded                                | <u>.</u>        | Date Compl. Ready to Prod.                  | Total Donth  |              |  |                             |
|              |   |                 | Date compilational to Flour                 | Total Depth  |              | P.B.T.D.   |                             |
| Ì            | Elevations (DF, RKB,                        | RT, GR, etc.    | Name of Producing Formation                 | Top Oil/Gas Pay  |              | Tubing Depth                                       |                             |
|              |   | , ,,            |   | 1 - 1 0 - 1 0 - 1 - 1  |              | Tabing Depth                                       |                             |
| ľ            | Perforations                                |                 |   |  |              | Depth Casing Shoe                                  |                             |
|              |   |                 |   |  |              |  |                             |
| ļ            |   |                 | TUBING, CASING, AN                          | D CEMENTING RECORD   |              | <del>, 1 </del>                                    |                             |
| -            | HOLES                                       | IZE             | CASING & TUBING SIZE                        | DEPTH SET  |              | SACKS CEM  | ENT                         |
| ŀ            |   |                 |   |  |              |  |                             |
| ŀ            |   | <del></del>     |   |  |              |  |                             |
| -            |   |                 |   | <del> </del>   | ·-··         | <u> </u>   |                             |
| ١,           | PEST DATA AND                               | DEOUEST 1       | EOD ALLOWADIE                               | <u> </u>   |              |  |                             |
|              | OIL WELL                                    | neguesi i       | FOR ALLOWABLE (Test must be able for this d | after recovery of total volume epth or be for full 24 hours) | of load oil  | and must be equal to or e                          | cceed top allou             |
| Ī            | Date First New Oil Ru                       | n To Tanks      | Date of Test                                | Producing Method (Flow, p                                    | ump, gas lij | t, etc.)   |                             |
| L            |   |                 |   |  |              |  |                             |
| Γ            | Length of Test                              |                 | Tubing Pressure                             | Casing Pressure  |              | Choke Size   |                             |
| -            |   |                 |   |  |              |  |                             |
| l            | Actual Prod. During Te                      | est             | Oil-Bbls.                                   | Water-Bbls.  | -            | Gas - MCF  |                             |
| L            |   | <del> </del>    |   |  |              |  |                             |
|              | GAS WELL                                    |                 |   | •  |              |  |                             |
|              | Actual Prod. Test-MC                        | F/D             | Length of Test                              | Bbls. Condensate/MMCF  | <del></del>  | T:   |                             |
| l            |   | .,.             | Dangin of Loui                              | buts. Condensate/MMCF  |              | Gravity of Condensate                              |                             |
| ┝            | Testing Method (pitot,                      | back pr.)       | Tubing Pressure (Shut-in)                   | Casing Pressure (Shut-in                                     | 1            | Choke Size   |                             |
| l            |   |                 |   |  | • •          | CHORE SIZE   |                             |
| <u>_</u>     | ERTIFICATE OF                               | COMPLIAN        | CF  | 011 60   | NCED.        | T.O  |                             |
| _            | ENTIL CHILD OF                              | COMI LIAN       | ICE   | OIL CO   | NSERVA       | TION COMMISSION                                    |                             |
| I            | hereby certify that t                       | he rules and    | regulations of the Oil Conservation         | APPROVED   |              |  | 9                           |
| C            | ommission have bee                          | en complied     | with and that the information given         | []   |              | •  |                             |
| 8            | oove is true and co                         | mplete to th    | e best of my knowledge and belief.          | BY   |              |  |                             |
|              |   |                 |   | TITLE  |              |  |                             |
|              | ,   |                 |   | <b>}</b>   |              |  |                             |
|              | aid   | Rud.            | ^   | 11   |              | ompliance with RULE                                |                             |
| _            |   | (Sign           | netre)                                      | well, this form must be                                      | accompan     | able for a newly drilled<br>ied by a tabulation of | l or deepened the deviation |
|              | Operator                                    | , •             | <b>→</b> :                                  | tests taken on the wel                                       | l in accord  | lence with RULE 111.                               |                             |
| _            |   | (T)             | itle)                                       | All sections of thi  | oform mus    | t be filled out complet                            | ely for allow-              |
| May 28, 1976 |   |                 | able on new and recom                       | breseg mer   |              |  |                             |

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 good in multiply