Characterization  Control Construction Division  Control Construction  Construc	'NF	STATE OF NEW MEXICO	-		- >		Form C-11 Revised		
SANTA FE, NEW MEXICO 87501       APR 121985         APR 121985       O. C. D.         ANTHORIZATION 10 TRANSPORT OL AND NATURAL CONTREL       ANTHORIZATION 10 TRANSPORT OL AND NATURAL CONTREL         Frank Pool, Dellling, Inc.       ANTHORIZATION 10 TRANSPORT OL AND NATURAL CONTREL         Frank Pool, Dellling, Inc.       Compare the pool of the pool o					DIVISION			7	
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Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oll-Bble.       Water-Bble.       Cas-MCF         GAS WELL       Actual Prod. Test-MCF/D       Length of Test       Bble. Condensate/AMCF       Corvity of Condensate         Actual Prod. Test-MCF/D       Length of Test       Bble. Condensate/AMCF       Corvity of Condensate         Testing Method (pirol. back pr./)       Tubing Pressure (Shut-In)       Choke Size         CERTIFICATE OF COMPLIANCE       Oll CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oll Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.       DIL CONSERVATION DIVISION         May       3 1985       , 19         By       Les A. Clamsate         May       3 1985       , 19         Officing Signed By	· •	DIL WELL able for this depth or be for full 24 hours)							
Langth of Text       Dill-Bble.       Con-MCF         Actual Prod. During Text       Oil-Bble.       Waier-Bble.       Con-MCF         GAS WELL       Actual Prod. Text       Bble. Condensate/MMCF       Crevity of Condensate         Texting Method (pilot, back pr.)       Tubing Presewe (Shut-in)       Cosing Presewe (Shut-in)       Choke Size         Texting Method (pilot, back pr.)       Tubing Presewe (Shut-in)       Cosing Presewe (Shut-in)       Choke Size         CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       DIL CONSERVATION DIVISION         May       3 1985       .19				L Castas D			Choke Size		
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Actual Prod. Test-MCF/D       Length of Test       Bble. Condeneate/AMCF       Crovity of Condeneate         Testing Method (pirot, back pr.)       Tubing Pressure (shut-in)       Casing Pressure (shut-in)       Choke Size         . CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the OII Conservation above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         BY       Les A. Clements         BY       Les A. Clements         BY       Les A. Clements         BY       Les A. Clements         BY       Its form is to be filed in compliance with RULE 1104.         If the is a request for allowable for a newly drilled or deep well, this form must be accompaned by a tabulation of the devir tests taken on the well in accordance with RULE 1104.         Attent of the of the of the devir tests taken on the well in accordance with RULE 1104.         Attent on the solit on of this form must be fulled out completely for allow on the well.         Fill out only Sectione I, II, III, end VI for changes of ow well name or number, or transporter, or taken porter, or	Ī	Actual Prod. During Test	Oll-Bbls.	Water-Bb	ls.		Gas - MCF		
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. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       MAY 3 1985         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         MAY 3 1985       . 19	T		Length of Test	Bbls. Cor	densate/MMCF		Gravity of Condensate		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       MAY       3 1985       19         BY       Les A. Clements       Division between complete to the best of my knowledge and belief.       BY       Les A. Clements         BY       Les A. Clements       Exacts       Supervisor District II         Charts       Ord       Supervisor District II         Secretary       (Signature)       This form must be accompanied by a tabulation of the devir tests taken on the well in accordance with MULE 111.         All sections of this form must be fulled out completely for al able on new and recompleted wells.       Fill out only Sections I. II. III, and VI for changes of ow well name or number, or transporter, or other such change of conditional sections of the such change of conditional sections I. II. III, and the fulled for each pool in multiparts.		Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pr	ressure (Shut-in)		Choke Size		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       APPROVED	L ۱.۱	CERTIFICATE OF COMPLIAN	LCE		DIL CONSEI		ON DIVISION	· · ·	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given							
Supervisor District II         Secretary       Title         4-9-85       (Date)         (Date)       (Date)	1								
Jente       Jost         (Signature)       (Signature)         Secretary       (Title)         (4-9-85       (Title)         (Date)       (Date)	-				TITLE Supervisor District II				
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Secretary       All sections of this form must be filled out completely for all able on new and recompleted wells.         4-9-85       Fill out only Sections I. II. III, and VI for changes of ovwell name or number, or transporter, or other such change of conditions.         (Date)       Scurate Forms C-104 must be filled for each pool in multiplication.	-			1	is form must he acc	comu∎ni	od by a tabulation of	TUN CAAATE	
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(Date) well name or number, or transporter, or other such change of condi- Scuarate Forms C-104 must be filed for each pool in mult		4-9-85	(6)		This and only Sections to II and VI for changes of ov-				
I completed wolls.	-	. (Da	(e)	Se	parate Forms C-104	i must	he filed for each po	ol in mult	