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Lease Name Well No. Pool Name, Including Paramitic State, Federal or Fee	Fee
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Magnolia Pipeline Company Name of Authorized Transporter of Cil or Condensate	
Name of Authorized Transporter of Oil	County
If well produces oil or liquids, give location of tanks. C 14 108 32E yes 3-9-66 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	be sent)
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or eable for 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 Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MOF	
CACHUELI	
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	

Casing Pressure Choke Size Tubing Pressure Testing Method (pitot, back pr.)

TITLE .

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 complete to the best of my knowledge and belief.

2-11-12	
2 Robertson	
(Signature)	
District Clerk	
 (Title)	

March 11, 1966

OIL CONSERVATION COMMISSION

APPROVED_	<u>,</u>	× ×	 19
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BY			

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.