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TEST DATA AND REQUEST FOR OIL WELL			er recovery of total volume o th or be for full 24 hours)	f load oil and m	ust be equal to or e	exceed top allo
Date First New Oil Run To Tanks D	Date of Test		Producing Method (Flow, pu	mp, gas lift, etc.	.)	**************************************
<b>7cb. 5, 1765</b> Length of Test T	<b>Pdb. 5, 1565</b> Subing Pressure		Susbed & Flow Casing Pressure	Cho	oke Size	
Length of Test	135	1	Phys.		98	
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GAS WELL						
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Testing Method (pitot, back pr.)	ubing Pressure		Casing Pressure	Cho	oke Size	
CERTIFICATE OF COMPLIANCE	<u> </u>		OIL CON	ISERVATIO	N COMMISSIO	N
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I hereby certify that the rules and reg Commission have been complied with	gulations of the Oil Conso	ervation on given	APPROVED	·	· · · · · · · · · · · · · · · · · · ·	19
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 $\,$  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.

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.