NEW MEATUR DIE CONSERVATION COMMISSION Form C-104 SA NYA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Natural Energies, Inc. Address P. O. Box 8022, Dallas, Texas Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change In Operator Recompletion Oil Dry Gas Casinghead Gas Condensate Change in Ownership Operator If change of ownership give name Sam Boren, 325 Park Cities Bank Bldg., Dallas, Texas 75205 II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation North Bagley-Pennsylvaniante, Federal or Fee oli No. Lease No K-3837 Graham "B" State State 660 Feet From The East 1980 Feet From The South Line and Line of Section 30 11-S 33-E Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil And Or Condensate Address (Give address to which approved copy of this form is to be sent) Amoco Production Company P. O. Box 591, Tulsa, Oklahoma 74102 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma 74102 Unit Is gas actually connected? When If well produces oil or liquids, give location of tanks. 11S 33E Ι 30 Yes October 6, 1970 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Same Resty, Diff. Resty, Oil Well Plug Back Designate Type of Completion - (X) Date Compl. Ready to Frod. Total Depth Date Spudded Elevations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Tubing Depth Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbln. **GAS WELL**

Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

completed wells.

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 giver above is true and complete to the best of my knowledge and belief.

NATURAL ENERGIES, INC.
/(Signature)
President
(Title)
October 12.1971

(Date)

OIL CONSERVATION COMMISSION

3 1972 MAR APPROVED_ Orig. Signed by BY_ Joe D. Ramey Dist. I, Supv. TITLE.

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 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 pool in multiply

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