NO. OF COPIES REC	EIVED	
DISTRIBUTE	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
(RANSPORTER	OIL	
	GAS	
OBERATOR		

:	DISTRIBUTION SANTA FE FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE (RANSPORTER GAS GAS	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
	OPERATOR					
1.	PRORATION OFFICE Operator					
Roberts & Hammack, Inc.						
	756 Mercantile Dallas Bldg., Dallas, Texas 75201 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name Natural Energies, Inc., P. O. Box 8022, Dallas, Texas and address of previous owner					
IJ.	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name Including Formation Kind of Lease Lease Lease					
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name Craham "B" State 4 North Bagley-Pennsylvania State, Federal or Fee State I					
	Unit Letter P : 66	50 Feet From The South Line	e and 660 Feet From T	he <u>East</u>		
Line of Section 30 Township 11-S Range 33-E , NMPM, Lea						
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
****	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve P. O. Box 591, Tuls	ł .		
	Amoco Production Name of Authorized Transporter of Cas	CO.	Address (Give address to which approv	ed copy of this form is to be sent)		
	Warren Petroleum	Corporation 'Unit Sec. Twp. P.ge.	P. O. Box 1589, Tul	sa, Oklahoma 74102		
	If well produces oil or liquids, give location of tanks.	P 30 11s 33E		October 6, 1970		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	on – (X)	! ! ! ! ! !			
	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, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				1		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excaple for this depth or be for full 24 hours)				and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		au Phi	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbla.	HIGHER - DESCRIPTION OF THE PROPERTY OF THE PR			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. 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		TION COMMISSION		
* • •			APPROVED 3/21/23, 19			
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.		BY				
	President (Signature) President (Title) March 15, 1973		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended the deviation.			
			well, this form must be accompanied by a tabulation of the deviation of th			
			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 transporten or other such change of condition.			
(Date)		Men name or named, or name				