

Form C-9,
Department of C-9, and
Executive Order

Operator _____ ROBERTS & HAINSLICK, INC.

Address _____ 756 Mercantile Building, Dallas, Texas 75201

Reason(s) for filing (check proper box) _____ Other (please explain) _____

New Well ☐	Change in Transporter or Oil ☐	Change in Operator ☐
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	

Operator _____

If change of ownership, give name and address of previous owner _____ Natural Resources, Inc., P. O. Box 6328, Dallas, Texas 75201

1. 1550 TRON OF WELL AND LEASE
 Lease Name Mathers "C" Well No. 1 Pool Name, Including Formation North Bayley-Pennsylvanian Kind of Lease State, Federal or Fee Lease No. 100
 Location Unit Letter K 1980 Feet From The South Line and 1000 Feet From The West Line of Section 30 Township 11S Range 33E , NADRA, 1550 County Clay

REGISTRATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent,			
Amoco Production Company			P. O. Box 1599, Tulsa, Oklahoma 74102			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent,			
Warren Petroleum Corporation			P. O. Box 1599, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
	K	30	11S	33E	Yes	April 23, 1961

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 exceed 10,000 bbl. for this depth or 60 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 - MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (psia)	Casing Pressure (psia)	Choke Size

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