UIL CONSERVATION COMMISSION Porm C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 **AND** U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Natural Energies, Inc. Address P. O. Box 8022, Dallas, Texas 75205 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change In Operator Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate Operator If change of ownership give name Sam Boren, 325 Park Cities Bank Bldg., Dallas, Texas and address of previous owner 75205 II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. Mathers "C" North Bagley-Pennsylvaniar State, Federal or Fee Fee Location 1980 South Line and _ 1980 West Feet From The Feet From The Unit Letter 30 11S 33E Lea Township Range , NMPM, Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Amoco Production Company P. O. Box 591, Tulsa, Oklahoma Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 1589, Warren Petroleum Corporation Tulsa, Oklahoma 74102 Is gas actually connected? 11S 33E If well produces oil or liquida, 30 April 25, Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oll Well New Well Gas Well Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth 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 (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 Gas - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test **GAS WELL** 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 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.

NATURAL ENE	ergies, inc.
President	Signature)
October 12,	(Title) 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED	MAR	3 1972	, 19
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BY		Carney	
TITLE	Ĺ	Sst. I, Supv.	

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 completed wells.

CC 211871

OIL CORSENTATION COLL.