	U.S.G.S. LAND OFFICE			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER	OIL	-	4		
	00504705	GAS				
	OPERATOR					
I.	PRORATION OFFICE Operator					
	R. L. Euras Corporation					
	e/o 0:11 24	corta	& Cas	Services, Inc., Box 763, Hebbs, New Merico 88210		
	e/o Oil Se Reason(s) for filing (Check p	roper box)	Services, Ins., Dox 763, Hobbs, New Mexico 88240 Other (Please explain)		
	Reason(s) for filing (Check p	roper box)	Change in Transporter of:		
	incoson(s) for trining (Check pi	ti Cas oper box)	Other (Please explain)		
	New Well		te Controper box)	Change in Transporter of:	Boll to coppe	
	New We!l Recompletion Change in Ownership If change of owners and address of prev	hip give	name ner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate		
11.	New We!l Recompletion Change in Ownership If change of owners	hip give	name ner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate		
11.	New We!1 Recompletion Change in Ownership If change of owners and address of prev	hip give	name ner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate		

or Dry Gas

98

348

Gas Well

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

K

1 1

If this production is commingled with that from any other lease or pool, give commingling order number:

Oil Well

Date Compl. Ready to Prod.

Name of Producing Formation

Tubing Pressure

Length of Test

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.

Agent

(Title) 1**/15/73**

Tubing Pressure (Shut-in)

Oil-Bhls.

CASING & TUBING SIZE

Mobil Pipe Line Co. by Trucks
Name of Authorized Transporter of Casinghead Gas

Warren Petroleum Company

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

If well produces oil or liquids, give location of tanks.

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

IV. COMPLETION DATA

Date Spudded

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NH-0202771-A

Plug Back | Same Res'v. Diff. Res'v.

SACKS CEMENT

Federal

West

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

12/14/72

P.B.T.D.

Tubing Depth

Depth Casing Shoe

P. O. Box 900, Dallas, Temas 75221

Deepen

Is gas actually connected?

Workover

DEPTH SET

Yes

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

P. O. Box 1589, Tuisa, Oklahoma 74102

Lease No.

County

Speas

(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) Producing Method (Flow, pump, gas lift, etc.) Choke Size Casing Pressure Water - Bble. Ggs - MCF Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION LAN 16 1973 JAN 16 APPROVED. BY. Dat I Surs 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 FULE 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 clated wells

RECEIVED

JAN 1 1073

O.E. CONSERVATION COMM. HOBBS, N. IA.