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(Date) well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA I hereby certify that the rules an Commission have been complied above is true and complete to the complete	Tubing Pressure NCE d regulations of the O with and that the in the best of my knowle godture Manager Title	aformation given	OIL CONSE APPROVED BY TITLE This form is to be file If this is a request for well, this form must be accepted to the sell in All sections of this form able on new and recomples Etil our only Section	choke Size ERVATION COMMISSION	