ſ	NO. OF COPIES RECEIVED		-	
	DISTRIBUTION SANTA FE	REQUEST FO	SERVATION COMMISSION	Form C +104 Supersedes Old C+104 and C+110 Effective 1+1-65
	FILE		ND PORT OIL AND NATURAL GA	45
	LAND OFFICE			
	IRANSPORTER GAS			
1	PRORATION OFFICE			
	Operator Bristol Resources Corporation			
	Address 3601 E. 51st, Suite B, Tulsa, OK 74135			
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of: Oil Dry Gas		
	Change in Ownership 🔀	Casinghead Gas Condensa		
	If change of ownership give name and address of previous owner	nion Pacific Resources Co	mpany, 1000 Louisiana,	Suite 3000, Houston,TX 77002
	DESCRIPTION OF WELL AND L	EASE	Kind of Lease	
	Legse Name Lauck Federal	Well No. Pool Name, Including Form 4 Chaveroo (San At		or Fee Federal 29-55477
	Location 0 66	0 South	and 1980 Feet From 1	he East
	Unit Letteri	Feet riom the	( )	Roosevelt County
	Line of Section 29 Tow	nship 7-5 Range	33-Е , ммрм,	ROOSEVEIL
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approx	ved copy of this form is to be sent)
	Mobil Pipeline			
	Name of Authorized Transporter of Casinghead Gas (x) or Dry Gas Address (Nice address to which approach of Casinghead Gas (x) or Dry Gas Box 300, Tulsa, Oklahoma 74102			
	If well produces oil or liquids,	Unit / Sec. Twp. Pge.	is gas actually connected?	en 6-15- <u>66</u>
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	If this production is commingied with COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.		Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND			SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)
	Length of Test 9	Tubing Pressure	Casing Pressure	Choke Size
	•	Oil - Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod. During Teet		L	
	GAS WELL Gravity of Condensate			
	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
V			OIL CONSERV	ATION COMMISSION
	I. CERTIFICATE OF COMPLIANCE		APPROVEDFEB_1 9 1989 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.		signed by.	
			BY	
	Sue Diply		if this is a request for all	owable for a newly drilled or deepen
	Sue Dipley	tive Manager	well, this form must be accompanied by with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able 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 well name or number, or transporter, or other such change of condition	
	(1	itle)		
	9/30/88. (Date)		Separate Forms C-104 m	orten or other such change of condition ust be filed for each pool in multip
			completed wells.	