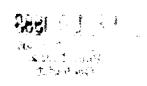
HO. OF COPIES REC	EIVEN	}	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

9/30/88 (Date)

	SANTA FE DEGLEST FOR ALL			1011110		
	REQUEST FOR ALLOWABLE Supersedes Old C FILE AND Effective 1-1-65					
	U.S.G.5.	AUTHORIZATION TO TRA		TURAL GAS		
	LAND OFFICE	- NOTHORIZATION TO THE	THO OIL AID ITA	TOKAL OAS		
	I HANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PROBATION OFFICE					
	Operator					
	Bristol Resources	Corporation				
	Address 3601 E. 51st, Sui	te B, Tulsa, OK 74135				
	Reason(s) for filing (Check proper bo		Other (Please es	- n/a - n l		
	New We!!	Change in Transporter of:	Other (Frease ex	ipiain)		
	Recompletion	Oil Dry Ga				
	Change in Ownership X	Casinghead Gas Conder	 			
	Change in Ownership A	Casingheda Gas Conder	madre L.J.	·		
	If change of ownership give name	Union Doniela Donomica	C 1000 I		t - 2000 II	
	and address of previous owner	Union Pacific Resources	company, tuuu tou	isiana, Sui	re suuu, Ho	
**	DESCRIPTION OF WELL AND	FEACE	•			77002
11.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation K	ind of Lease		Legse No.
	Lauck Federal	7 Chavenes (Sa	s Andrea S	ate, Federal or Fe	• Federal	29-554778
	Location		in Andres)	· · · · · · · · · · · · · · · · · · ·		
	F 109	20 m. m. Nouth	1000	Fact From The	West	
	Unit Letter F ; 198	80 Feet From The North Lin	ne and	Feet From The	11030	
	Line of Section 29 To	waship 7-S Range	33-E , NMFM,	Roosey	vo1+	County
	Line of Section 23	whattp 7 0 Hangs	33 · L 7 · · · · · · · · · · · · · · · · ·	1,00267	/ <u>514</u>	3347
	DESIGNATION OF TRANSPOR	TER OF OUT AND NATURAL CA	16			
111.	Name of Authorized Transporter of Ol	TER OF OIL AND NATURAL GA	Address (Give address to t	which approved cop	y of this form is to	be sent)
	Mobil Pipeline					
	Name of Authorized Transporter of Co	reinghead Gas (V) or Dry Gas	Address (Give address to s	which approved con	ov of this form is to	be sent)
	Cities Service Company	**	!			
		Unit Sec. Twp. Pge.	Box 300, Tulsa		74102	
	If well produces oil or liquide, give location of tanks.	P 29 7-S 33-E	·	•	6-15-66	
	L <u></u>				0-13-00	
		ith that from any other lease or pool,	give commingling order n	umber:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res*	v. Diff. Restv.
	Designate Type of Completi	on — (X)		1	1	1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.	
	Cate spaces		,	1		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubii	ng Depth	····
	distribute (or , MAD, M7, OM, etc.)	,		İ		
	Perforations		<u> </u>	Dept	h Casing Shoe	
	T distances					
		TURING CASING AND	TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET S.			
	1101 5 6175				SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	OET IN SET		JACKS CEME	
			 			
			<u> </u>			
V.		FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume ipth or be for full 24 hours)	of load oil and mu	st be equal to or ex	rceed top attom
	OIL WELL Date First New Oil Bun To Tanks	Date of Teet	Producing Method (Flow, p	ump, gas lift, etc.,	,	
	Dala / Mar 144 Ott 1441 10 1 and					
	Length of Test 9	Tubing Pressure	Casing Pressure	Chok	e Size	
			•	1		
	Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas -	- MCF	····
	CAE WELL					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Grav	Ity of Condensate	
	Actual Plod: (1001-1001)				•	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-1	D) Chol	ce Size	
	l resting Method (pitot, pack pr.)	Lubing Piessane (Singe-Tra)	000			
	<u> </u>		1			
VI.	CERTIFICATE OF COMPLIAN	iCE	OIL CC		O COMMISSION	•
	ĺ		FEB 1 0 1989			
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.			Orig. Signed by, Paul Kautz			
		TITLE				
		This form is to b				
	sue Wind	If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Sue Dipley (Sign					
	* *	ive Manager	tests taken on the we	is in accordance	alle sous and	tely for allow
		isfas,	All sections of this form must be filled out completely for allow able on new and recompleted wells.			
	` ` ` .	•	11	*		_

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, and VI for changes of owner well name or number, or transporter, or other such change of condition Separaté Forms C-104 must be filed for each pool in multiple completed wells.



RECEIVED

OCT 1 0 1988

OCO HOBBS OFFICE