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	DISTRIBUTION		<u> </u>		
	SANTA FE		ONSERVATION COMMISSION SERVER	Form C-104 Supersedes Old C-104 and C-110	
	FILE	REGUEST	AND	Effective 1-1-65	
į	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL AS			
	LAND OFFICE		Лим		
	TRANSPORTER GAS				
	OPERATOR		076		
1.	PRORATION OFFICE				
	Operator () (ACTIACO) () - (TERTING) () (SIGACO)				
	Address ( )				
	217 NORTH WATER, WICHITA MANSAS 6/202				
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
	New Well Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condens	sate	•	
	If change of ownership give name	AN HIVERICAN PE	- 1 / B.	10 4/22 1011	
	and address of previous owner	HN THEKICH IE	TREATERNICE, DOX	68, HIBBS, N. D.	
11	DESCRIPTION OF WELL AND I	EASE			
Lease Name (1) Well No. Foo. Name, Including Fermation Kind of Lease  No. Foo. Name, Including Fermation Kind of Lease  No. Foo. Name, Including Fermation Kind of Lease					
				criee /EE	
	Location / 195	C Feet From The SLTH Line	and & & C Feet From T	ne 11 EST	
	Unit Letter ; // 3				
	Line of Section 4 Tow	nship 7-5 Range 34	-E , NMPM, MCCSE	County	
	DESIGNATION OF TRANSPORT	CED OF OU AND NATURAL GAS	s		
H.	Name of Authorized Transporter of Cil	or Condensate	Andress (Give address to which approv	ed copy of this form is to be sent)	
	PERMIAN CORP		BOX 3115, MILIDIA	ND EXHS	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent;	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	1 4 7 34	1/3		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completio	n = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (Dr., RRB, Rr, OR, etc.)				
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLD JILL				
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	II. WELL.				
	Date First New Cil Run To Tanks	Date of Test	producing Method (1 tow, pamp, and so		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Ggs • MCF	
	Actual Prod. During Test	OII-Bble.	Water - Bbls.	Gus-MCF	
				<u> </u>	
	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	
	lesting Method (pitot, out proy	· · · · · · · · · · · · · · · · · · ·	. •		
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	THON COMMISSION	
	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.		This form is to be filed in compliance with RULE 1104.		
	M I (literalrey		If this is a request for ellowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation		
	M.L. Aisenbrey (Signature)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	Prod. Clerk (Title)				
	4-27-70		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.		
		<del></del>	well name or number, or transporter, or other such change of conditions  Separate Forms C-104 must be filed for each pool in multiply		
	יעון	n(e)	Separate Forms C-104 mus	it be filed for each pool in multiply	