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## Job separation sheet

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FILE		ANDBBS OFFICE D. C. C.	Effective 1-1-65
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Box 1031, Midland			
Reason(s) for filing (Check proper b		Other (Please explain)	
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Change in Ownership	Casinghead Gas XX Conde		
If change of ownership give name	······································		
and address of previous owner			
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State "V"	3 Cha	averoo S. A.	State, Federal or Fee State
Location			
Unit Letter K;	2314 Feet From The <u>south</u> Lir	ne and <u>330</u> Feet Fro	om The <u>West</u>
Line of Section 30 , 7	ownship 7-S Range	34-Е , <u>ммрм, Roos</u>	Sevelt County
	RTER OF OIL AND NATURAL GA		
Name of Authorized Transporter of (			proved copy of this form is to be sent)
Mobil Pipe Line Con Name of Authorized Transporter of C	Tasinghead Gas 🔽 or Dry Gas	P. O. Box 900, Dr Address (Give address to which ap	proved copy of this form is to be sent)
Cities Service Oil	Company	Bartlesville, Okla	ahoma
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	F 30 7-S 34-1		January 13, 1967
If this production is commingled v V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	(x) = (x)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	•		
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
L			I
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
		· · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Floa. Test-MCF/D	Length of Test	Bors. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
/1. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	
		5	
Commission have been complied	d regulations of the Oil Conservation with and that the information given	APPROVED	, 19
above is true and complete to t	he best of my knowledge and belief.	BY	
1 5 F 1	1	TITLE	
100 0	./	This form is to be filed	in compliance with RULE 1104.
X Kkeyel	R. L. Leggett	If this is a request for al	lowable for a newly drilled or deepen
	gnature)	tests taken on the well in ac	
District Office Super	Title)	All sections of this form able on new and recompleted	must be filled out completely for allow wells.
6-21-67	1	Fill out Sections I, II,	III, and VI only for changes of owne
(	Date)	well name or number, or transp	porter, or other such change of condition

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.