	OIL C Sa REQUEST FO TO TRA ATING COMPANY 10 Change In Oil Casinghead Gas	Midland Transporter of: Dry Gas	TION E TION E 2088 Exico 8750 LE AND A AND NAT , Texas Other on - Unit	VIVISION 4-2088 AUTHORIZA TURAL GAS 79701 x (Please explain)	TION Weil A	Suite 300		1-89 ictions of Page	Mex.
IL DESCRIPTION OF WELL . Less Name Sec.		Pool Name, Includi	as Formation		Kindo	{ Lease	Las	M No.	
Todd Lower San Andres		Todd Lower	San And	lres Assoc	. State,	Federal or Fee	State I		
Location Unit LetterG Section 31 Township III. DESIGNATION OF TRAN		Range	North _{Line} 36 E , N RAL GAS) For sevelt	el From The	East	Line County	
Name of Anthonized Transporter of Oil	or Conder		Address (Giv	e address 10 which				y .	
Pride Pipeline Company		or Dry Gas		36, Abilen				0	
Name of Anthonized Transporter of Casing	phead Gas	Address (Give address to which approved Bluitt Plant, Milnesar				-	88125		
If well produces oil or liquids, give location of tanks.	Unit Sec. B 3/	Twp. Rge. 75 36E	-	ter	When	7			
If this production is commingled with that IV. COMPLETION DATA					Deepea	Piug Back S	ame Ret'y	Diff Res'v	
Designate Type of Completion	Oil Well - (X)		İ	W OKKOVEI	Dapa				
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	4 A.	•
Elevations (DF, RKB, RT, GR, etc.)	ans (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Performines			I <u></u>			Depth Casing	Shoe		
			CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASING & TI	UBING SIZE	DEPTH SET			SAURS GEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	TFOR ALLOW	ABLE of load oil and must	be equal to or	exceed top allow	able for this	depth or be for	full 24 hours		
Date First New Oil Rus To Tank	Date of Test		Producing M	sthod (Flow, pury	r, gas lift, e	IC.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbla.			Gas- MCF				
GAS WELL Actual Frod. Test - MCF/D	Length of Test		Bbis. Conder	Late/MMCF		Gravity of Co	adeasais]	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION FEB 2 2 1990 Date Approved ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUFERVISOR Title						·
2-9-90 Date		683-4434 ephone No.							

• -

. ł ÷ ì

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.