Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.		OIL C Sau	finerals and Nat	ATION I ox 2088 exico 8750 BLE AND	DIVISIO 04-2088 AUTHORII	N ZATION		Form C- Revised See Instr at Bottor	1-1-89
Openator Kevin O. Butler	& Assoc				1017/2 07	Weil	<b>PI No.</b> 30–005	-01190	
Address P.O. Box 1171, M.			79702						
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil Casinghe	Change in	Transporter of: Dry Gas Condensate y of Califo	Effec Well	er(Please expla tive Cha Shut In O. Box 6	nge Dat			, 1994 702
IL DESCRIPTION OF WELL	AND LE	ASE Well No.	Pool Name, Include	ing Exemption		Kind	of Lease		ase Na
Lesse Name S.Caprock Queen Unit T	ract 68		-	ock Queer	1		Federal of Fee		
Unit LetterC	_ :33	30	Feet From The No.	orth Lin	e and33	30 Fe	et From The _	West	Line
Section 33 Townshi	<b>p</b>	4-S	Range 31-B	, N	MPM, Cł	naves			County
III. DESIGNATION OF TRAN	SPORTE		I. AND NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conden		Address (Gin	w address to will be address to				
Enron Oil T & T Co. Name of Authorized Transporter of Casia	ghead Gas		or Dry Gas		e address to wi				
If well produces oil or liquids, give location of tanks.	Unait IG	<b>Sec.</b> 30	Twp. Rgc. 15S 31E	<b>is gas actuali</b> No	y connected?	When	?		<u></u>
If this production is commingled with that				1	ber:	<u>I</u>	·····		
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded		pi. Ready to	1	Total Depth	i		P.B.T.D.		[
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	mation	Top Oil/Gas	Pay		Tubing Dept		
			·····						
Perforations							Depth Casing	Shoe	
	· · · · · · · · · · · · · · · · · · ·		CASING AND	CEMENTI		D	1		
HOLE SIZE	CA	SINGETU	BING SIZE		DEPTH SET	· · · · · ·	5	ACKS CEME	NI
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			<b>NI N</b>						
V. TEST DATA AND REQUES OIL WELL (Test must be after n				be equal to or	exceed top allo	nvable for this	depth or be fa	r full 24 hour:	r.)
Date First New Oil Run To Tank	Date of Te	£		Producing Me	sthod (Flow, pu	mp, <b>g</b> as lift, e	<i>u</i> c.)		
Length of Test	Tubing Pre	bing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.		Gaa- MCF			
GAS WELL	I		<u> </u>	L			L		
Actual Frod. Test - MCF/D	Length of	Test		Bbis. Conden	BIA/MMCF		Gravity of Co	aden sale	<u></u>
Testing Method (pilot, back pr.)	Tubing Pre	saure (Shut-	m)	Casing Press	re (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Signature Kevin 0. Butler President				OIL CONSERVATION DIVISION MAR 2 8 1994 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name March 23, 1994 Date		(915)68	Title 32-1178 hone No.	Title	· · · · · · · · · · · · · · · · · · ·				. 10 <b>- 10 - 10 - 10 - 10</b>

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.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.



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SUPERION LINE LINE OFFICE	increy, Minerais ar	at Natural Resources Department.	Revised 1-1-89
20. Box 1980. Hobbs. NM 88240	CONGE		see andrections at Bottom of Page
LISTRICT		RVATION DIVISION	
O. Drawer DD. Anesa, NM 88210		.O. Box 2088	
LISTRICT II	Santa Fe. N	ew Mexico 87504-2088	
. 30 Rio Brazos Rd., Aziec. NM 87410	SECHEST FOR ALL	WABLE AND AUTHORIZAT	
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Residentia) for Filing (Check proper pox)		AVA, A	[U
New Well	Change in Transporter	<b></b>	
Recommendate	Oil Dry Gas	м. <u> </u>	
	Casinghead Gas     Condensate		
If change of operator give same		- Rttective de	te of change 9-1-90
and address of previous operator			/
IL DESCRIPTION OF WELL A	NDIEASE		
Jeas Neme	TR 68 Well No. 1 Pool Name	Institute Economic	
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Unit Letter	:	The	Z Feet From The Line
33 TOWNS	111 5	21 5	$\bigcirc$
	4-) Range	31-E MMPM	Chaves County
III. DESIGNATION OF TRAN	SPOPTED OF OUL AND		
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Envirol T. 1. 1	X A		approved copy of this form is to be sent
Name of Authonized Transporter of Galing	Transp. Co.		USTON TX 77251-1188
the second	nead Gas 📜 or Dry Ga	Address (Give address to which	approved copy of this form is to be sets)
If well produces cut or liquida,	Unit Sec. Twp.		
give location of train.	G 30 15-SI	Rgs. (is gas actually connected?	When ?
If this production is committed with that f			
If this production is commingled with that f IV. COMPLETION DATA	toni any other sease or pool, give c	ommaging order aunder:	
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	Oil Well Gas		
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Data Spudded Elevances (DF. RKB. RT. GR. etc.) Performises HOLE SIZE V. TEST DATA AND REQUES OIL WELL Test mass be after re Jate First New Oil Run To Tank Langth of Test Actual Prod. During Test GAS WELL Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot. back pr.) VI. OPERATOR CERTIFIC. I nereov certify that the rules and results Division have been complied with and the Challotte Book Solar (pilot. back pr.) VI. OPERATOR CERTIFIC. I nereov certify that the rules and results Division have been complied with and the Challotte Book Tistical Name Table Name Table Name Table Name Table Name Table Name Table Name Table Name Table Name	(X) Date Compl. Ready to Prod. Name of Producing Formation TUBING. CASING CASING & TUBING SIZ TUBING CASING CASING & TUBING SIZ TUBING ALLOWABLE recovery of total volume of load oil of Date of Test Tubing Pressure Oil - Bbis. Leagth of Test Tubing Pressure (Sour-un) ATE OF COMPLIANC Mons of the Oil Conservation that the information gives above nowledge and belief. LOW ON - Dr 1g · Clerk Tube (S15) 682-97.	Total Depth Top OlDCas Pay Top OlDCas Pay AND CEMENTING RECORD E DEPTH SET and must be could to or exceed top allowa Producing Method (Flow, pump Casing Pressure Water - Bbis. Bbis. Condensate/MMCF Casing Pressure (Shus-in) TE OIL CONS Date Approved By	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT Choke Size Gas- MCF Gas- MCF Cravity of Condensate Choke Size ERVATION DIVISION

STRUCTIONS: 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

1	NO, DY COPILS RECEIVED DISTINIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	ONSERVATION COMMININ OR ALLOWABLE AND NSPORT OIL AND NATURAL (	Form C+104 Supersedes Old C-104 and C+110 Effective 1-1-65 GAS	
	Operator Union Oil Company of Ca Address P. O. Box 671 - Midland Reason(s) for filing (Check proper box) New We!1 Recompletion	, Texas 79702	to Permian Corp	ter from Koch Oil Co.	
	Change in Ownership	Casinghead Gas Condens	sate Effective date	March 1, 1985	
11.		Weil No. Pool Name, Including Fo Pr68 3 Caprock Queen	s and2310 Feet From		
III.	Line of Section 33 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA			
	Permian Corporation Name of Authorized Transporter of Cas	Permian (Eff. 9 // 1 //CT)	P. O. Box 3119 - Mid Address (Give address to which appro	Land, Texas 79702	
	If well produces oil or liquids, give location of tanks. If this production is commingled wit	Unit Sec. Twp. Pge. G 30 15-S 31-E	No	nen	
	COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RAB, RT, GR, etc.)	Cıl Well Gas Well	New Well Workover Deepen Total Depth Top Oll/Gas Pay	Plug Back   Same Res'v.   Diff. Res'v. P.B.T.D. Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FO OH, WELL Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be a) able for this de Date of Test	fter recovery of total volume of load of pth or be for full 24 hours) Producing Mothod (Flow, pump, gas i	l and must be equal to or exceed top allow- lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Cil-BELS.	Water - Bbls.	Gas+MCF	
	GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate Choke Size	
VI.	Testing Method (pitol, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in) CE	Casing Pressure (Shut-in) OIL CONSERV	ATION COMMISSION	
• • •	Thereby partify that the rules and	regulations of the Oil Conservation with and that the information given			
	District Production Su (T) February 19, 1985	John C. Merritt nure) perintendent nue)	If this is a request for allo well, this form must be accomp- tests taken on the well in acc All sections of this form r shie on new and recompleted Fill out only Sections I. well name or number, or transpo	surt be filled out completely for allow-	



िक्षीय दक्षित्र क्रमुकें के स्टब्स के स्ट क्रम्पिकें के क्रमुकें के स्टब्स के स्टब्स

	HE. OF COPIES ALCEIVED       DISTRIBUTION       SANTA FE       FILE       U.S.G.S.       LAND OFFICE       IRANSPORTER       OIL       GAS       OPERFTOR       PROPATION OFFICE		ONSERVATION COME IN FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-1 Elfoctive 1-1-85		
Ι.	Operator			······································		
	Union Oil Company of Cal	ifornia	<u></u>	: 		
	P. C. Box 671 - Midland,			······································		
	Reason(s) for filing (Check proper box) New We!!	Change in Transporter of:		anging transporters - e Oil Purchasing Co.		
	Recompletion	Cil X Dry Gas		- Effective date 8-1-84		
	Change in Ownership	Casinghead Gas Condens	sole			
	If change of ownership give name and address of previous owner					
**	DESCRIPTION OF WELL AND I	FASE				
	Lesse Name	Well No. Pool Name, Including Fo.	rmation Kind of Lease State, Federal			
	S. Caprock Queen Unit Tr	68 3 Caprock Queen				
	Unit Letter C ; 33	30Feet From The <u>north_</u> Line	a and2310 Feet From T	he west		
	Line of Section 33 Tow	mship 14-S Range	31-Е , ммрм, (	Chaves County		
			- <u></u>			
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAN           XX         or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
•	Koch Oil Company Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Suite 2205-Wilco Bldg Address (Give address to which approv	-Midland, Tex. 79701 ed copy of this form is to be sent)		
	Nome of Asthorized Hunsporter of Old					
	If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. P.ge. K 30 15-S 31-E	is gas actually connected? Whe NO	n		
		h that from any other lease or pool, s				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completio			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		DD ALLOWARLE (Test must be at	1	i and must be equal to or exceed top allo: -		
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif			
	Date First New Cil Run To Tanks	Date of Test	Producing Machou (1 tow, pump, por to			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Pred. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
		]				
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate		
	Actual Frod. Test-MCF/D	Length of Test	BDIS, Condensate/MMCr			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANO	CE		TION COMMISSION		
	I hereby certify that the rules and r Commission have been complied w	vith and that the information given (	ATTING THE STOLED BY ISPRY SEXTON			
	above is true and complete to the	best of my knowledge and belief.	DISTRICT I SUPERVISOR			
	District Production Supe		well, this form must be accompa- tests taken on the well in accom All sections of this form mu- shie on new and recompleted we	compliance with RULE 1104. While for a newly drilled or deepend nied by a tabulation of the deviation dance with RULE 111. at be filled out completely for allo- the.		
	July 12, 1984	.(e)	Fill out only Sections I. If well name or number, or transport	. III, and VI for changes of evine er, or other such change of condition t be filed for each pool in multip		



~	NO. OF COPIES RECEIVED	·~				
$\vdash$	DISTRIBUTION	W MEXICO OIL CON	SERVATION COMMIS	SIO	Form C-104	
+	SANTAFE		OR ALLOWABLE			ld C-104 and C-110
	FILE		AND		Effective 1-1	-00
-	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND N	ATURAL GAS	5	
F	LAND OFFICE					
F	TRANSPORTER					
	GAS					
	OPERATOR					
1. L	PRORATION OFFICE		······································			
	Operator	8 0 - 7 : 8 - mode				
	Union Oil Company of Address					
	P.O. Box 671 - Midl	and Texas 79701				
┝	Reason(s) for filing (Check proper box)	anti texau () a			iging Transp	
- I	New Well	Change in Transporter of:	From Nava	jo Refinin	ng Company t	D
	Recompletion	Oil X Dry Gas	Navajo Cr	ude Oil Pu	irchasing Co	npany
	Change in Ownership	Casinghead Gas Condense	Effective Effective	Date Oct.	<u> </u>	
-	the second se					
1	f change of ownership give name and address of previous owner					
<b>II</b> . ]	DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including For	mation	Kind of Lease		Lease No.
	Lease Name TR. 68 So. Caprock Queen Unit	3 Caprock Queen	•	State, Federal c	Fee Fee	
ł	Location					
	Unit Letter <u>C</u> ; <u>330</u>	Feet From The North Line	and <u>2310</u>	Feet From Th	•West	
	Unit Letter			0		County
	Line of Section 33 Town	ship 14 South Range 31 F	Cast , NMPM	, Char	ves	
-		TO OT AND NATURAL CAS	1		_	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address	to which approve	d copy of this form	is to be sent)
]			North Freeman 1	venue-Art	esia.New Mex	ico 88210
	Navajo Crude Oil Purcha Name of Authorized Transporter of Cast	nghead Gas 🕱 or Dry Gas 📋	Address (Give address	to which approve	d copy of this form	is to be sent)
				NONE		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connect	ed? When	L Contraction of the second seco	
	give location of tanks.	0 <u>28 15-S 31-E</u>	No			نــــــــــــــــــــــــــــــــــــ
	If this production is commingled with	that from any other lease or pool, g	ive commingling orde	r number:	<u></u>	
IV.	COMPLETION DATA		New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
	Designate Type of Completion		1		!	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Date Spudded					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
				;;	Depth Casing Shoe	
	Perforations				-	
		TUBING, CASING, AND	CEMENTING RECO	RD		
	100 F 6175	CASING & TUBING SIZE	DEPTH S		SACKS	CEMENT
	HOLE SIZE					
				·····	ļ	
					<u> </u>	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total vol pth or be for full 24 hou	ume of load oil a ·s)	ind must be equal to	or exceed top ditou-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lif	t, etc.)	
	Date First New OII Hun 10 I daks					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
					Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
			<u></u>		1	
	-					
	GAS WELL	Length of Test	Bbls. Condensate/MM	CF	Gravity of Conder	isat•
	Actual Prod. Test-MCF/D	Long in the second				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
			ļ		J	
<b>1</b> /1	. CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVA	TION COMMIS	SION
				بر م		
	I hereby certify that the rules and	regulations of the Oil Conservation			Orig. Signed b	y .
		with and that the information given e best of my knowledge and belief.	1			the second se
			BY		Geologist	
				As he disail in	compliance with	RULE 1104.
		70	This form is	to be meu m	weble for a newly	drilled or deepened
	- Cothe	all the				
		hature	I tests taken on th	e well in acco	LOWUCA MICH HOF	ompletely for allow-
.•	District Production	Superintendent	able on new and	recompleted w	e116.	
	-	r 2, 1974	II	O	to III and VI for	changes of owner, change of condition.
		ate)	l well name or num	ber, or transpor	Ter of other sach	change of condition. ch pool in multiply
			Separate Fo completed wells.	ana C-IV4 mu		-
			•			

NO. OF COPIES RECEIVED						
DISTRIBUTION SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104			
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-11			
		AND	Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	L GAS			
LAND OFFICE		4				
TRANSPORTER OIL						
GAS						
OPERATOR						
I. PRORATION OFFICE						
	any of California					
Address						
	Midland, Texas 79701					
Reason(s) for filing (Check proper	box)	Other (Please explain)				
New Well	Change in Transporter of:	Change of a	status from injection			
Recompletion	Oil Dry (	Gas <b>to producin</b>	COULD ITOM THIS CLOU			
Change in Ownership	Casinghead Gas Cond	lensate	* <b>5</b>			
If change of ownership give nam and address of previous owner _	e					
una adalesis di previota owner _						
II. DESCRIPTION OF WELL AN	ID LEASE					
Lease Name Tract 68	Well No. Pool Name, Including	Formation Kind of Le	ease Lease No.			
South Caprock Queen U	nit 3 Caprock Que	State, Fed	leral or Fee Fee			
Location			I UU			
C	330 Feet From The North	2210				
Unit Letter ;	330 Feet From The North L	ine and <b>2310</b> Feet Fro	om The West			
Line of Section 33	Township 14 Bange	21	<b>m</b>			
Line of Section 33	Township <b>14</b> Range	31 , NMPM,	Chaves County			
I DESIGNATION OF TRANSPORT						
Name of Authorized Transporter of	OIL AND NATURAL G					
Navajo Refining Co			proved copy of this form is to be sent)			
'Name of Authorized Transporter of		Artesia, New Mexic				
			proved copy of this form is to be sent)			
Phillips Petroleum		Phillips Bldg., Od	essa, Texas 79761			
If well produces oil or liquids,	Unit Sec. Twp. Rge. D 17 15 31		When			
give location of tanks.	D 17 15 31	No				
If this production is commingled	with that from any other lease or pool	, give commingling order number:	· · · · · · · · · · · · · · · · · · ·			
V. COMPLETION DATA	- · ·					
Designate Type of Comple	tion (V) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Compte			X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
		29861				
Elevations (DF, RKB, RT, GR, etc.	) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Queen Sand		28531			
Perforations			Depth Casing Shoe			
2932 - 2939	1					
	TUBING CASING AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE					
	8-5/8* *	DEPTH SET	SACKS CEMENT			
7-7/8"	<u><u> </u></u>	00001				
1-1/0		2983 1	300			
	2-3/8"	2853 '				
	ented at 170' during orig	inal oriling				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow-			
OIL WELL	able for this d	epth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test.	Producing Method (Flow, pump, gas	lift, etc.)			
	1-17-70	Flowing				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24 hrs.	250	Packer	2 <b>n</b>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
174	174	0	TSTM			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
I. CERTIFICATE OF COMPLIA						
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION			
Thompson and the second		APPROVED	5 BAU			
Commission have been complied	regulations of the Oil Conservation with and that the information given	AFFROVED	, 19			
above is true and complete to t	he best of my knowledge and belief.	BY	Klavin			
_	-	STIDEDVICODE				
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		TITLE				
////	<i><b>I</b></i> / <i>)</i>	This form is to be filed to	compliance with put a tract			
Lalat Na	John Tyler	11	compliance with RULE 1104.			
	nature)	well, this form must be accomp				
	istrict Production Superintendent		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Title)		ust be filled out completely for allow-			
February 2, 1970		able on new and recompleted w				
		Fill out only Sections I,	II. III, and VI for changes of owner, rter, or other such change of condition.			
1.	Date)					
	<i>(11)</i>		at be filed for each pool in multiply			