	NO. OF COPIES RECEIVED		INSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	
	GAS OPERATOR			
I.	Operator Operator			
	Bristol Resources Corporation Address 3601 E. 51st, Suite B, Tulsa, OK 74135			
	Reason(s) for filing (Cherk proper box) New We'l	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry Gas		
	Change in Ownership X	Casinghead Gas Condens		
		nion Pacific Resources C	ompany, 1000 Louisiana,	Suite 3000, Houston TX. 77002
II.	DESCRIPTION OF WELL AND I	Well No. Fool Name, Including Fo		cr F•State NM 00-528
	Signal State	4 Chaveroo (Sa	<u>11 / 11 (1 (0 /</u>	
	Unit Letter ; 660	Feet From The North Line	and 660 Feet From 1	he lest
	Line ci Section 1 Tow	nship 8-S Range 3	<u>2-Е , ммрм, Chav</u>	Ogunty County
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	5	
	Kame of Authorized Transporter of Oil 🔀 or Condensate			
	Mobil Pipeline	Inghead Gas X or Dry Gas	Address (Give address to which approv	
	Citics Service Company	Unit Sec. Twp. Pge.	Box 300, Tulsa, Oklah	oma /4102
	If well produces oil or liquids, give location of tanks.	B 1 8-S 32-E	Yes	2-9-67
IV.	COMPLETION DATA Designate Type of Completio Date Spudded	h that from any other lease or pool. (Oil Well Gas well n - (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Plug Back Same Resty, Diff. Resty, P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	L		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			i	and must be equal to or exceed top allow
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) NIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (r tow, pump, gos n	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF
	GAS WELL		Bbie. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size
VI	. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
••			APPROVED FEB 1 J 1989 , 19	
	I hereby certify that the rules and Commission have been complied above is true and complete to th	regulations of the Oll Conservation with and that the information given a best of my knowledge and belief.	BYOrig. Signed by Paul Kautz Geologist	
	°,	1	TITLE Intervention This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. 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 Separate Forms C-104 must be filed for each pool in multiple	
	Sur Diel	<u>u</u>		
	Sue Dipley (Sig	after es		
•		(la)		
	9/30	/ <u>88</u> Date :		

completed wells.